

**L16000014241**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

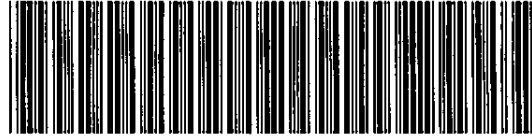
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 NOV 21 A 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**S Warren**

**NOV 22 2016**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Change of Members  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Lopez

Name of Person

Franchise Whales LLC

Firm/Company

13621 NW 12TH STREET, SUITE 120

Address

SUNRISE, FL 33323

City/State and Zip Code

david@dentalfixrx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Lopez

407

619-6114

at ( )

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

**Franchise Whales LLC**

1. Name of the limited liability company: Franchise Whales LLC
2. (a) 13621 NW 12TH ST, SUNRISE, FL 33323 (b) 13621 NW 12TH ST, SUNRISE, FL 33323
- Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1/20/2016

L16000014241

3. Scott Mortier Date of filing/registration in Florida 4. L16000014241 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
13621 NW 12TH ST, SUITE 120

SUNRISE, FL 33323

- (b) David Lopez

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
13621 NW 12TH ST, SUITE 120

Sunrise, FL 33323

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David Lopez

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent