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(Requestor's Name) (Address) (Address)									
					(City/State/Zip/Phone #)				
					PICK-UP WAIT MAIL				
(Business Entity Name)									
(Document Number)									
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20 JAN -9 PM 1: 40





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 7, 2020

Order#: 121877/002

Re: FRANCHISE WHALES LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

20 Jan - 9 PM 1: 40

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.

ì.	Na	me of the limited liability company: FRANCHISE WH	IALES L	LLC	
2	(a)	13621 NW 12th Street, Suite 120	(b)	13621 NW 12th Street, Suite 120	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Sunrise, FL 33323	_	Sunrise, FL 33323	
		01/20/2016		L16000014241	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Corporate Creations Network Inc.			
<i>J</i> .	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		11380 Prosperity Farms Road, #221E			
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	立	
		Palm Beach Gardens , FL_	33410	Dept. of State:	
	<i>(</i> 1.)	Corporation Sandan Company		5	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered (Office add		
					
		1201 Hays Street			
		NEW Registered Office Address:			
					
		Tallahassee FI	32301		
th ag w.	e cha jent v as/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor `the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
		ll Cilmi	Jill C	Cilmi, Authorized Person	
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
pr th to	ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	ee to act performa for in C ereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been	
S	ignatu	re of Registered Agent Corporation Service Company	BY: At	imi M. Casper, Asst. Vice President	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00