## 117000 33109

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## **COVER LETTER**

INHS18 (2/14)

то:	Registration Section Division of Corporations				
SUBJ	1213 N FRANKLIN STREET LLC				
3013	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing	,		
Please	return all correspondence concerning th	is matter to the following:			
Jasor	n Ludwig				
	Name of Person	<del></del>			
1213	N FRANKLIN STREET LLC				
	Firm/Company				
P.O.	Box 172666				
	Address				
Tamp	oa, FL 33672				
	City/State and Zip Code				
jason	ıludwig@gamil.com				
ŀ	E-mail address: (to be used for future and	nual report notification)			
For fu	rther information concerning this matter	please call:			
Jasor	n Ludwig	813 3628002			
	Name of Person	Area Code & Daytime Tele	phone 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 Cop.	y		

## 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

Name of t	the limited liability company: 1213 N FRANI	KLIN STREET	LLC		
	N Franklin Street, Tampa FL 33602	(b) P.O. Box 172666 Tampa, FL 33672			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
02/10	W2017	 L17000	033109		
	Date of filing/registration in Florida	4.	Document number		
LIMIT			Document number		
(a)	UNITED STATES CORPORATION AGENTS, INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
_	red Agent and Registered Office shown on the records of the 2 WINDING OAK COURT A	ate:			
	red Office Address (MUST BE FLORIDA STREET AL	DDRESS)	_		
 Tamp	na 9	33612			
	. FL		<del></del>		
b) Jason	. Ludwig				
,	une of NEW Registered Agent and/or NEW Registered C	Office address:	_		
1213	N Franklin Street		· · · · · ·		
NEW R	Registered Office Address:		_		
			<u></u>		
Tamp	oa , FL <sup>3</sup>	33602	_		
change or c it will be id /were author	iability company is not organized under the laws changes are made, the Florida street address of t dentical. Or, in the case of a Florida limited liab orized by an affirmative vote of the members of organization or the operating agreement of the li	he registered offi pility company, it the limited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in		
	lankuslus	Jason Ludw	vig		
gnature of a p	nember or authorized representative of a member		Printed or typed name of signce		
visions of a obligations werel <b>y r</b> efle	of the appointment as registered agent and agre till statutes relative to the proper and complete p s of my position as registered agent as provided of a shange in the registered office address. I he ting of this change.	e to act in this co verformance of m for in Chapter 6 vereby confirm the	spacity. I further agree to comply with the v duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been		
nature, of Regi	Kullu ;				