117000037529

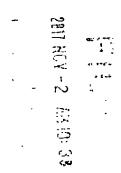
(Requestor's Name)			
(T			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200305118422

11/02/17--01015--022 **25.00



WY OR 2017 J. HARRIS

COVER LETTER

Franchise Concept Group LLC.
Name of Limited Liability Company

Registration Section

Division of Corporations

TO:

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:				
MARY Shaw Lieber M Name of Person CO JEFFREY RESS Firm/Company	nan LER, CPA			
7015 Beracasa Way # 208 Address				
BOCA RATON, FLORIO A 33433 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mary Shaw Lieberman Name of Person	at (954) 415 - 0141 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			
INHS18 (2/14)				

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.

1 N.	me of the limited liability company: FRAICHISE CONC	CEPT GROJP L	LC
			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited lia	
	7370 ORANGEWOOD LANE \$305 7370	o other GEWOO	0 LANE, # 305
	BOCA PATION, FL 33433 BOCA	RATON, FL	33433
	2/16/17	170000375	589
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	TRACE TAEGER	<u>.</u>	
	Registered Agent and Registered Office shown on the records of the Florida Dept, of Stat	le:	
	7370 ORANGEWOUD LANE	_	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	# 305		
	BOCA RATON .FL 33433	_	2917
	MARY SHAW- LIEBERMAN		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	-	
	7015 BERACASA WAY		The second secon
	NEW Registered Office Address:	- · .	- - - - - - - -
	# 208	-	() ,99
		_	
	BOCA PATON FL 33433	_	
If the li	mited liability company is not organized under the laws of the State of Fl nge or changes are made, the Florida street address of the registered offic	orida, it is hereby confi	rmed that after
agent v	vill be identical. Or, in the case of a Florida limited liability company, it i	is hereby confirmed that	t the change(s)
	ere authorized by an affirmative vote of the members of the limited liability cores of organization or the operating agreement of the limited liability cores.		vise provided in
lik	*	TER HAMOO	ociK
Signat	ure of a member or authorized representative of a member	Printed or typed name of s	ignee
I herel provisi the obl. to mere notifica	by accept the appointment as registered agent and agree to act in this cap one of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60. Ity reflect a change in the registered office address, I hereby confirm that I in writing of this change.	ocity. I further agree to duties, and I am familio 5, F.S. Or, if this docum the limited liability con	o comply with the ar with and accept nent is being filed npany has been
Signatu	re of Registered regent		
	Division of Corporations • P.O. Box 6327 • Tallaha:	ssee, FL 32314	

FILING FEE: \$25.00