L17000 239 661

(Requestor's Name)	•
(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:]
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COVER LETTER

_	istration Section sion of Corporations				
SUBJECT:	Franvestco, LLC				
oobole.	Name of Limited Liability Company				
Dear Sir or l	Madam:				
The enclosed	d Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.		
Please return	n all correspondence concerning thi	s matter to	the following:		
Mark D. N	lichols				
	Name of Person				
Franvesto	o, LLC				
	Firm/Company				
2121 Vista	a Parkway				
	Address				
West Paln	n Beach, FL 33411				
	City/State and Zip Code				
mnichols@	@ufgcorp.com				
E-mail	address: (to be used for future ann	ual report r	otification)		
For further i	nformation concerning this matter,	please call	:		
Mark D. N	ichols	561	868-1453		
	Name of Person	(Area Code & Daytime Telephone Number		
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
2 3 \$	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.

1. Na	ime of the limited liability company: Franve	stco, LLC	
2. (a)	2121 Vista Parkway	(b)	same
- . (u)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, FI 33411		·
	11/20/2017		L17000239661
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the re-	ecords of the Florida l	Dept. of State:
	Jill K. Klein		
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)	
	2121 Vista Parkway		. <u> </u>
	West Palm Beach	, FL 33411	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	egistered Office add	ress:
	Mark D. Nichols		·
	NEW Registered Office Address:		
	2121 Vista Parkway		- - -
	West Palm Beach	, _{FL} 33411	
the cha agent v was/we the arti Signa	ange or changes are made, the Florida street adwill be identical. Or, in the case of a Florida linere authorized by an affirmative vote of the medicles of prganization or the operating agreement of a member or authorized representative of a member by accept the appointment as registered agent.	dress of the regist mited liability corembers of the limit of the limited liability and limited liability and agree to act	State of Florida, it is hereby confirmed that after ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) need liability company or as otherwise provided in ability company. Titus, Member Printed or typed name of signee in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been

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

Signature of Registered Agent