## 118000104502

(Requestor's Name)							
(Address)							
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(							
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(Business Entity Name)							
(Document Number)							
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## **COVER LETTER**

Divi	sion of Corporations						
SUBJECT:	FRANKIES ASR LLC						
oobster.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Office Cha	inge and fe	ce(s) are submitted for filing.				
Please return	n all correspondence concerning this matte	er to the fo	ollowing:				
ANDREA	BORELL						
	Name of Person		_				
LAW OFF	ICES OF ALEXANDER E. BOREL	L					
	Firm/Company		_				
319 CLEM	MATIS STREET, SUITE 200						
	Address		_				
WEST PA	LM BEACH, FL 33401						
	City/State and Zip Code						
ANDREA(	@BORELLLAW.COM						
E-mail	address: (to be used for future annual rep	ort notific	ation)				
For further in	nformation concerning this matter, please	call:					
ANDREA	BORELL at (	561	317-7578				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building I Executive Center Circle ahassee, Florida 32301	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314				
Encl	losed is a check for the following amou	nt:					
<b>☑</b> \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy				

TO: Registration Section

## 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.

I. Na	ame of the limited liability company: FRANKIES A	SR LLC	; 				
2. (a)	15310 SW 57 STREET	(b	15310	SW 57 STREET			
2. (II)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited (Note: MAY BE POST	•		
	MIAMI, FL 33183		MIAMI,	FL 33183			
	04/25/18			104502			_
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	FRANKLIN CARBALLO						
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	nte:			
	14154 SW 62 STREET		_ <del></del>	<del></del>			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	2				
	MIAMI , FI	33183		_	E A	26H K.4 Y	<b>d</b> cyrt
(b)	FRANKLIN CARBALLO				80 ft 15 ft 15 ft	<b>3</b> 4 1.60	£200
(0)	Enter mane of NEW Registered Agent and/or NEW Registered	i Office ad	ito).	_	ma ma	-	
	15310 SW 57 STREET				H_08/0/ <b>&gt;</b>	्र <u>ड</u> अ	₹ 11÷
	NEW Registered Office Address:	-		2			
	MIAMIFI	33193		_			
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members- icles of organization of the operating agreement of the	ws of the f the regi- iability co of the lim e limited l	State of F stered offi impany, it ited liabil iability co	ce and the business off is hereby confirmed the ity company or as othe ompany.	fice of the : hat the cha	register nge(s)	
		FR	ANKLIN	CARBALLO			
I here provis the ob- to met	ture Lancinber or authorized representative of a member why accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I	o nortorni	ance at m	vzhanes and Lam Rimi	to comply	nd acci	(1)
	d in writing of this change,						
Signal	ure of Registered Agent						