L18000147484							
(Requestor's Name) (Address) (Address)	100373175331						
(City/State/Zip/Phone #)	06/21/2:-+01020003 ++25.00						
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2021 SEP 21 AM 9: 18 STALLAR VSSEL FILE						
Office Use Only	GCT - 1 732						

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

FRANCHISE FOUNDERS I, LLC SUBJECT:

Name of Limited Liability Company

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:

Jaycee Peralta

Name of Person

Firm/Company

1390 Brickell Ave., Ste. 340

Address

Miami, FL 33131

City/State and Zip Code

jaycee@franchisefoundersgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaycee Peralta	305 at (	849-9963 )		
Name of Person	··· (	Area Code & Daytime Telephone Numb		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810		
		Tallahassee, FL 32303		

## Enclosed is a check for the following amount:

■ \$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.

L Na	ame of the limited liability company:		ERS I, LLC	
2. (a)	1390 Brickell Ave.		(b) 1390 Bric	kell Ave.
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	Suite 340		Suite 340	
	Miami, FL 33131		Miami, FL	33131
	June 14, 2018		L18000147	484
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Stewart Newman			
U. (4)	Registered Agent and Registered Office shown on the records of 5201 Blue Lagoon Drive	of the Fl	orida Dept. of State	-
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> #800	T.ADDR	<u>ESS)</u>	<b>2021</b> SEC
	Miami, I	-13312	6	
(b)	Jaycee Peralta, Esq.			21 21 L
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Offic	e address;	
	1390 Brickell Ave.			8
	NEW Registered Office Address:			de de
	Suite 340			-
	Miami	-L <sup>3313</sup>	1	_
change agent v was/we the arti	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the three of a member or athorized representative of a member	ne regis liabilit s of the ne limit	tered office and company, it is limited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
provisi the obi to mer-	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d_in writing of this change.	gree to le perfa led for I hereb	act in this cape rmance of my a in Chapter 605 y confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent

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

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