## L10000 274 633

(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:			

Office Use Only



300337238643

11/22/13--01034--030 \*\*53.00

FILED
2019 KOV 22 FH 1: 55

Y SHIKER

## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJEC	T: Absolutely CV	neezee Franchising W ited Liability Company		
Dear Sir	or Madam:			
The enclo	osed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning this matter to	to the following:		
	Rebekkah Nolan Name of Person			
	Firm/Company			
	1064 Ocean shore Bl	w		
	Ormond Beach, FL 3: City/State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For furth	er information concerning this matter, please ca	all:		
	Rebekkah Nolan at (7) Name of Person	706 ) 836 4655 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		
INHSI8 (	(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. Na	me of the limited liability company: <u>Absolutely Cheeze</u>	e Franchising LC
2. (a)	1064 Ocean Shore Blud (b) 1064	tailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Ormond Beach, Fr 32176	rmond Beach, fr 32176
3.		Document number
5. (a)	Franchise Marketing Systems Registered Agent and Registered Office shown on the refords of the Florida Dept. of State  104 Ocean Blvd	
	Ornand Beach FL 32176	2019 NOV
(b)	Rebexican Nolan  Enter name of NEW Registered Agent and/or NEW Registered Office address:	22 PH 5
	NEW Registered Office Address:	
	Ormond beach FL 32176	
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability company.    Vacey   Dougherty   Lawy ture of a member or authorized representative of a member.	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
provisi the obl to merc notified	by accept the appointment as registered agent and agree to act in this cape ions of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605 ely reflect a change in the registered office address, I hereby confirm that it is writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been

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