© 02/17/2020 8:43 AM 2/17/2020	→ 18506176383  Division of Corporations	pg 1 of 4				
	Florida Départment of State Division of Corporations Electronic Filing cover Sheer	3				
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.					
	(((H20000053137 3)))					
Note: Please print this page and use it as a cover sheet. Type (shown below) on the top and bottom of all pages of th (((H200000531373))) HERE (H200000531373ABCV Note: DO NOT hit the REFRESH/RELOAD button on your be Doing so will generate another cover shee To: Division of Corporations Fax Number : (850)617-6383 From: Account Name :: REGISTERED AGENT SOLUTIONS I Account Number :: 12010000062 Phone :: (888)705-7274 Fax Number :: (888)706-7274 **Enter the email address for this business entity to the annual report mailings. Enter only one email address						
	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	2020 F <sub>j</sub> eb				
	Division of Corporations					
	Account Name : REGISTERED AGENT SOLUTIONS INC	An II: 52				
0	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>					
FH I2:						
	LLC REGISTERED AGENT CHANGE 240 2ND STREET FRANKLIN, LLC					
2020 FEB 17	Certificate of Status 0   Certified Copy 0   Page Count 01					
	Page Count01Estimated Charge\$25.00					
	O SIMMONS					

Electronic Filing Menu Co

Corporate Filing Menu

O SIMMONS Help FEB 1 8 2020

#### COVER LETTER

TO: Registration Section Division of Corporations

# SUBJECT: 240 2nd Street Franklin, LLC

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:

## Margot Mullin

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

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

For further information concerning this matter, please call:

### Margot Mullin

Name of Person

Area Code & Daytime Telephone Number

888

at (

705-7274

#### 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

### 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	me of the limited liability company: 240 2n	d Street Fra	nklin, Ll	LC			
2. (a)		(b)					
2. (a)	Principal office address of limited liability company:			of limited liability com BE POST OFFICE BC			
	(Note: MUST BE STREET ADDRESS) 240 2ND STREET	1730	1730 MARKET STREET #226				
	FRANKLIN, TN 37064			L 33026			
	11/18/2019	L1900	L19000285563				
3.	Date of filing/registration in Florida	4.	Document nu	umber			
5. (a)	OUTLAW, MIKE		_				
J. (4)	Registered Agent and Registered Office shown on the record	is of the Florida Dept, of Stat	ie:				
	1730 MARKET STREET,	SUITE 226					
	Registered Office Address (MUST BE FLORIDA STRE						
			_	JSE 20			
	WESTON	FL 33026	<del></del>	ALL ALL PRE	;		
(b)	Registered Agent Solution		_	2020 FEB-17 SECREDIAN TALLIVEAS	2 4044 514544 8		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	tered Office address:					
	155 Office Plaza Dr.		_	AM II: 52 SEE, FL			
	NEW Registered Office Address:						
	Suite A						
	Tallahassee	, <sub>FL</sub> 32301					
the ch agent	limited liability company is not organized under the ange or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement of	ed liability company, it bers of the limited liability	is hereby con: ity company o	firmed that the cha	nge(s)		
	Mike Outlaw	Mike Out	law	Manager			
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee				
I her	eby accept the appointment as registered agent an sions of all statutes relative to the proper and com	d agree to act in this ca plele performance of m	pacity. I furth v duties, and I	her agree to compl am familiar with	y with the and accep		

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Hackenzie Hart Asst. Secretary

Signature of Registered Agent

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