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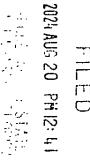
(Requestor's Name)
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COVER LETTER

Division of Corporations						
SUBJECT: Platinom Franchising LCC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to th	e following:					
Olaron Nash Name of Person						
Platinum Franchising LLL Firm/Company						
13703 (itrine SL Address						
Alva FL 33930 City/State and Zip Code						
E-mail address: (to be used for future annual report no	tification)					
For further information concerning this matter, please call:						
Donna Schefoor at (63 Name of Person	O) 994-0100 Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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					

INHS18 (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: Pletion	Franch	:5ì~g	ul
7 (2)	12403 Cit+ s+	(b)	1240:	3 Citrine St
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Aluc FL 33900		Alva.	FL 33900
	01/92/ 3030		L2000	200 3538 9
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Laron Nach			
	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State	:
	12403 Citime St 12196 Si	055 Pul 5	<u> </u>	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	Alva For 33970 Fortmyor	3		
	Fort Myrc , FI	33913		~
		-		024
(b)	Agran Rach			语言用
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addi	ress:	FILT NUG 20
	13403 (ition 5+			2024 AUG 20 PM 12: 41
	NEW Registered Office Address:			260 12:1
			_	
	<u>β</u> lνω, FI	<u> 339</u>	90	
change agent v was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered ability com of the limit	l office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
_a	ure of a member or authorized representative of a member		Quron	Printed or typed name of signee
-	_			
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I will in writing of this change.	ree to act in performan d for in Ch hereby con	n this capa nce of my d napter 605, nfirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatur	e of Registered Agent			
بالمالنيان	o or regimelou (180m			