## Florida Department of State ivision of Comportions

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Division of Corporations

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From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.

Account Number : 076077002775

Phone : (407)760-4670

Fax Number

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Email Address: DFRICKE@WHWW.COM

## LLC REGISTERED AGENT CHANGE FRANKLY FINANCES LLC

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## 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.

)	(b) <sup>212</sup>	29 LAURELWOOD WAY	
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	<del></del>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
WINTER PARK FL 32792	WI	INTER PARK FL 32792	
		N	
04/22/2022	1.220	000169793	
Date of filing/registration in Florida	4.	Document number	
a) BRANDON DEGEL			
Registered Agent and Registered Office shown on the re-	cords of the Florida Dept	or, of State:	
329 N PARK AVE #2			
Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)	•	
WINTER PARK	, FL_ <sup>33324</sup>	2022 H	<b>~</b>
WHWW, INC.		FIL 2022 MAY -3	수 건간
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	egistered Office address		HAAD 13AAD
329 PARK AVE NORTH, SECOND FLOOR			Ċ
NEW Registered Office Address:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
WINTER PARK	FL 32789	· ·	
the limited liability company is not organized under ange or changes are made, the Florida street address in will be identical. Or, in the case of a Florida line will be identical. Or, in the case of a Florida line will be identical by an affirmative vote of the mearticles of organization or the operating agreement and construction of a member of all statutes relative to the proper and consistency of all statutes relative to the proper and consistency of the	mited liability comparished of the limited liability of the liability	lany, it is hereby confirmed that the change(s d liability company or as otherwise provided ility company.  CGARCIA, MANAGER  Printed or typed name of signee	in

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

Signature of Registered Agent