L23000483265

(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

800419498458

LLC
RA & RO change

FILED
2024 JAN 23 AM 8:29

A. RAMSEY
JAN 30. 2024

$700789,00524,00471

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2023

JOEL FRANCO
FRANCO SALES LLC
382 NE 191ST ST, PMB 959047
MIAMI, FL 33178-9289

SUBJECT: FRANCO SALES LLC
Ref. Number: L23000483265

We have received your document for FRANCO SALES LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is an limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 123A00029004

JAN 4 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Franco Sales 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:

Joel Franco
Name of Person

Franco Sales LLC
Firm/Company

382 NE 191st St PMB 959047
Address

Miami, FL 33179-3899
City/State and Zip Code

Francosalesllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Franco at (786) 728-2835
Name of Person 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. Name of the limited liability company: Franco Sales LLC

2. (a) 382 NE 191 St St
PMB 959047
Miami FL 33179
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 382 NE 191St St
PMB 959047
Miami FL 33179
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 10/23/2023
Date of filing/registration in Florida

4. L23000483265
Document number

5. (a) United States Corporation Agents, INC
Registered Agent and Registered Office shown on the records of the Florida Dept of State:
476 Riverside Ave
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Jacksonville, FL 32202

(b) Joel Franco
Enter name of NEW Registered Agent and/or NEW Registered Office address:
382 NE 191St St
NEW Registered Office Address:
PMB 959047
Miami, FL 33179

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2024 JAN 23 AM 8:29

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Joel Franco
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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.

Signature of Registered Agent

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

INHS18 (2/14)