## M0200000 2287

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DIVISION OF CORPORATION







ACCOUNT NO. : 072100000032

REFERENCE : 457942 4370853

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE: February 24, 2004

ORDER TIME : 9:39 AM

ORDER NO. : 457942-245

CUSTOMER NO: 4370853

CUSTOMER: Ms. Carla Cantrell

Koch Industries, Inc.

Po Box 2256

Wichita, KS 67220

CHANGE OF AGENT

NAME: FRANCHISE HOLDING V, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability	company is: FRANCHIS	SE HOLDING V, LLC	- Q	
2. The mailing address of the limit	ed liability company is:			
4111 E. 37th Street North	., Wichita, KS 67220		155 O.	
			C. C. T.	
08/30/2002		M02000002287		
3. Date of filing/registration in Flo	rida	4. Document number		
5. The name of the registered agent Florida Department of State:	and the registered office	e address as shown on th	ne records of the	
•	C T Corporation S	Svstem		
·	Name		•	
		and Dood		
1200 South Pine Island Road				
Address				
Plantation, FL 33324				
	City, State and 2	Сір		
6. The name and address of the nev	v registered agent and/or	office:		
	Corporation Service	Company		
	Name			
	1201 Hays Stree	et		
Florida	street address (P.O. Box	NOT acceptable)		
Tal	lahassee FL	32301		
	City, State and Zi	p		
If the limited liability company is reconfirmed that after the change or and the business office of the regis liability company, it is hereby confithe members of the limited liability the operating agreement of the limited liability that the limited liability the operating agreement of the limited liability that the limited liability the limited liability that the limited liability the limited liability that the limited li	changes are made, the Flotered agent will be identifirmed that the change(s) company or as otherwise ited liability company.	orida street address of the cal. Or, in the case of a was/were authorized by	ne registered office Florida limited an affirmative vote of	
(Signature of a member or authorized represe				
(Printed or typed name of signee)				
I hereby accept the appointment a comply with the provisions of all stand I am familiar with and accept Chapter 608, F.S. Or, if this document of the confirm that the (Signature of Registered Agent)	s registered agent and astatutes relative to the protein the obligations of my posment is being filed to mendimited liability company	gree to act in this capac per and complete perfo sition as registered ager rely reflect a change in w has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.	
Elizabeth A. Dawson, Asst. '	Vice President Porations, P.O. Box 63	27, Tallahassee, FL 32	314	

**FILING FEE: \$25.00**