

MO2-000002287

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 205-0380

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

(Re-Send)

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DIVISION OF CORPORATIONS

## REGISTERED AGENT CHANGE

## FRANCHISE HOLDING V, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02 03
Estimated Charge	\$35.00

25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
be dated:  
Thanks!

MO2-2287  
JR

## TRANSMISSION VERIFICATION REPORT

TIME : 09/26/2005 13:02  
NAME : CT CORP  
FAX : 8502227615  
TEL : 8502221092  
SER.# : BRQH3J686161

DATE, TIME  
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To: Division of Corporations  
Fax Number : (850) 205-0380

From: Account Name : C T CORPORATION SYSTM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE****FRANCHISE HOLDING V, LLC**

10/03/2005 13:12  
SEP-26-2005 08:39

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CT CORP CLAYTON TEAM 2

CT CORPORATION SYSTM

314 863 1578

PAGE 03/03

P.07/10

**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: Franchise Holding V, LLC
2. The mailing address of the limited liability company is : \_\_\_\_\_

3. Date of filing/registration in Florida 8/30/2007
4. Document number 1102000002287

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

**CORPORATION SERVICE COMPANY**

Name  
1201 HAYS STREET  
Address  
TALLAHASSEE FL 32301-2525  
City, State and Zip

6. The name and address of the new registered agent and/or office:

**CT Corporation System**  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
City, State and Zip

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.

By: [Signature]  
(Signature of a member or authorized representative of a member)

Seanh. Emerick  
(Printed or typed name of signer)

*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 608, 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]  
(Signature of Registered Agent)

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

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