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SECRETARY OF STATE
ANSSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Franklin GM (Name of Limite	ed 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 n	natter to the following:	
Helissa Waldinger (Name of Person)	<u> </u>	
The Law offices of Hellsson	Naldinger, P. A.	
7040 N. Paluetto PK, Rd. #4-6 (Address)	34	
BOCA Katon 6 33433 (City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Melissa Waldinger at ((Name of Person)	954) 523-010 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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: The fy	anklin Anup. L.L.C.	
2. The mailing address of the limited liability company is:	• • •	
Boad # 4-709, Boca Baton, R. 339		
2/10/04	M 0400000556 4. Document number	
5. The name of the registered agent and the registered office a Florida Department of State:	ddress as shown on the records of the	
Law offices of Meliss Name 409 S. E. 7711 Stree Address Fort Lauderdale City, State and Zip	+ 12 33302 For 8	
6. The name and address of the new registered agent and/or of Law offices of Hellsson Name 7040 W. Palmetto Park Ro Florida street address (P.O. Box N Boxa haton FL City, State and Zip	a Waldinger, P.A. EFFLO and #4-634	
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. (Sianalare of a member of authorized representative of a member)		
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my positions of the proper chapter 608, F.S. Or, if this document is being filed to merely address, I hereby confirm that the limited liability company his (Signature of Registered Agent) Division of Corporations, P.O. Box 6327,		

FILING FEE: \$25.00

INHS18 (8/05)