

M120000001802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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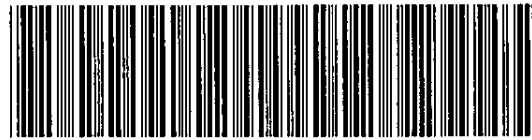
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO AGENCY OFFICE
SUFFICIENCY OF FILING

2014 SEP 18 PM 4: 21

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

14 SEP 19 AM 11: 40

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC RA/RO change

SEP 22 2014

T. CARTER

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/18/14

NAME: IHA FRANCHISING, LLC

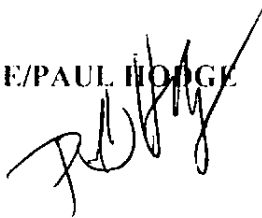
TYPE OF FILING: CHANGE OF AGENT

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AUTHORIZATION: ABBIE/PAUL HODGE



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

Pursuant to the provisions of sections 605.0114, 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: IHA FRANCHISING, LLC

2. (a) Principal office address of limited liability company: 1597 The Greens Way
(Note: **MUST BE STREET ADDRESS**)

Jacksonville Beach, FL 32250

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

1597 The Greens Way

Jacksonville Beach, FL 32250

March 30, 2012

3. Date of filing/registration in Florida

M12000001802

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CT Corporation System

Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

National Corporate Research, Ltd., Inc.

NEW Registered Office Address:

155 Office Plaza Drive

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

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


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

Lucy Rose, Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP 19 AM 11:40