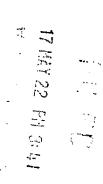
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of	Status					
Special Instructions to Filing Officer:						
22 PN 4:24 38 FC - CORIDA						
Office Use Only						



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O SIMMONS MAY 23 2017

COVER LETTER

Division of Corp				
SUBJECT: Miller Fra	nchise Group LLC			
	Name of I	imited Liability Company		
Dear Sir or Madam:	·			
The enclosed Registered	Agent/Registered Office Ch	ange and fee(s) are submitted fo	r filing.	
Please return all correspo	ondence concerning this mat	ter to the following:		
Joel Miller				
	Name of Person			
Attorney				
	Firm/Company			
820 W. Jackson Blvd	i; Suite 650			
	Address			
Chicago, IL 60607				
City	State and Zip Code			
jmiller@accessonein	c.com			
E-mail address: (to	be used for future annual re	port notification)		
For further information c	oncerning this matter, please	cali:		
Joel Miller	at (312 \ 441-9906		
Name of		Area Code & Daytim	e Telephone Number	
STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive (Tallahassee, Flor	orations Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	ı	
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	:	☐ \$55 Filing Fee & Certifie	d 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,	Na	me of the limited liability company:	ise Gr	out) LLG
2.	(a)	Miller Franchise Group LLC		(b)	Miller Franchise Group LLC
	()	Principal office address of limited liability company:	_	(-).	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS) 2001 NW 2nd Avenue; Suite C		,	(Note: MAY BE POST OFFICE BOX)
		2001 NW 2nd Avenue, Suite C		-	2004 Fox Drive; Suite J
		Boca Raton, FL 33431		-	Champaign, IL 61820
		April 22, 2014		M	114000002727
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	CT Corporation System			
J.	(4)	Registered Agent and Registered Office shown on the records of	the Flor	ids D	Dept. of State:
		CT Corporation System			7
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		1200 South Pine Island Road			
		Plantation	3332	4	
		, FL	,		
	(b)	Scott Miller			, r.s
	Enter name of NEW Registered Agent and/or NEW Registered (addre	
		Scott Miller			
		NEW Registered Office Address:			
		6740 Lago Vista Ter.			
		Boca Raton	3343	3	
the age was the S	cha ent v s/we arti igna- igna	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or sufficient authorized representative of a member by accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete left reflect a change in the registered agent as provided in writing of this change.	f the real to contract to cont	giste com imite d lia	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company. Printed or typed name of signee
Sig	matu	tre of Registrated Agent			