M17000001719

(Req	uestor's Name)				
(Addi	ress)				
(Add	ress)				
(City)	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	iness Entity Nan	ne)			
(Doc	(Document Number)				
Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer.				
	<u> </u>				

Office Use Only



500325771525

ZOUR HAR 12 AM 10: 27

FILED

5 19



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/12/2019	
	Merritt Walker	_
	#:1055659	-
Entity Nar	ne: RITA'S FRANCI	IISE COMPANY, LLC
☐ Art	icles of Incorporation/Authorization	to Transact Business
Arr	nendment	
✓ Ch	ange of Agent	
☐ Re	instatement	
☐ Co	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Otl	ner	
Authorize	d Amount: \$25	
Signature	:(MM)	

COVER LETTER

HIS18 (2/14)

TO:	Registration Section Division of Corporations				
STIR	ECT:RITA'S	FRANC	CHISE (COMPA	NY, LLC
		me of Lir	nited Lia	ability C	ompany
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered Of	ffice Cha	nge and .	fee(s) ar	e submitted for filing.
Pleaso	e return all correspondence concerning t	his matte	r to the f	ollowing	g.
	Gerald Wells			_	
	Name of Person			_	
	Rita's Franchise Company,	LLC			
	Firm/Company			_	
	1210 Northbrook Drive, Suite	e 310	_		
	Address				
	Trevose, PA 19053				
	City/State and Zip Code				
	notice@ritascorp.com				
	E-mail address: (to be used for future an	inual repo	ort notifi	cation)	
For fu	rther information concerning this matte	r, please	call:		
	Gerald Wells	at (215	} _	876-9371
	Name of Person			Area C	ode & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.O	istration ision of . Box 63	ADDRESS: a Section Corporations 327 , Florida 32314
	Enclosed is a check for the followin	g amoun	t:		
	\$25 Filing Fee		\$5.	5 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 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. 1	same of the limited liability company:F	RITA'S FRANCHISE	COMPANY, LLC	
2. (a	1210 Northbrook Drive, Suite 310 Trevose, PA 19053	(b) 1210 Northbroo	ok Drive, Suite 310 Trevose, PA	19053
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailir	g address of limited liability compa fe: MAY BE POST OFFICE BOX	nty;
3.	02/28/2017 Date of tiling/registration in Florida	4. Doc	M17000001719	
5. (a) INCORP SERVICES, INC. Registered Agent and Registered Office shown on the records of the			
	Registered Office Address (MUST BE FLORIDA STREET AL 17888 67TH COURT NORTH	DDRESS)		
	LOXAHATCHEE, FL.	33470		
(b	COGENCY GLOBAL INC.		7. c. 5	_
(Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Mice address:	L L A	3 10 •
	115 North Calhoun Street, Suite 4 NEW Registered Office Address:		STUME FAR 12 ALLAHASSEE	
			AM IO: 2 Fromis	
	Tallahassee .FL_	32301	3: 2/ RID;	*****
the ch igent vas/v	limited liability company is not organized under the laws range or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability rere authorized by an affirmative vote of the members of tickes of organization or the operating agreement of the limited.	ne registered office and ility company, it is her the limited liability cor	the business office of the reg eby confirmed that the chang npany or as otherwise provid	gistered ge(s)
	Sun (Will		Gerald Wells	
Sign	ature of a member or authorized representative of a member	Prin	ted or typed name of signee	
e ol e ol me	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address. The ed in writing of this change.	e to act in this capacity erformance of my dutie for in Chapter 605, F.S reby confirm that the l	. I further agree to comply w s, and I am familiar with and l. Or, if this document is bein imited liability company has i	rith the Laccept ig filed heen

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

Ment Walker . Asst. Accretary