M1700007596

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 829147 8383994			
AUTHORIZATION: Spelle man			
COST LIMIT : \$ 25.00			
ORDER DATE : July 22, 2022			
ORDER TIME : 10:56 AM			
ORDER NO. : 829147-011			
CUSTOMER NO: 8383994			
CHANGE OF AGENT			
NAME DONGUON DRANGUEGO LLG			
NAME: BONCHON FRANCHISE LLC			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Weiland			
EXAMINER'S INITIALS:			

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.

a)	15660 N Dallas Parkway	(b) 15660 N Dallas Parkway
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ste 1150	Ste 1150
	Dallas, TX 75248	Dallas, TX 75248
	09/05/2017	M17000007596
	Date of filing/registration in Florida	4. Document number
(a)	NORTHWEST REGISTERED AGENT LLC	
(a)	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of State:
	7901 4 ST N STE 300	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)
	ST PETERSBURG . F	33702
(b)		
		122.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address:
	Corporation Service Company	ed Office address:
	NEW Registered Office Address:	THE RESERVE
	1201 Hays Street	OF STATE SEE, FL
	Tallahassee	32301
ige it w /we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li	aws of the State of Florida, it is hereby confirmed that after ne registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided
	thes of organization of the operating agreement of the	Jill Cilmi, Authorized Person
	ure of a member or authorized representative of a member	Printed or typed name of signee
reb ișie	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide	gree to act in this capacity. I further agree to comply with te e performance of my duties, and I am familiar with and acc led for in Chapter 605, F.S. Or, if this document is being fil I hereby confirm that the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Grace E. Kirby, Asst. Vice President