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ACCOUNT NO.	: I20000001 9 5
REFERENCE	: 632068 8369509
AUTHORIZATION	Small of
COST LIMIT	Sprelle de man : 12 25.00
ORDER DATE : April 21, 2022	
ORDER TIME : 1:10 PM	

ORDER NO. : 632068-012

CUSTOMER NO: 8369509

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<u>CHANGE OF AGENT</u>

NAME: GREASE MONKEY FRANCHISING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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.

Name of the limited liability company:GREASE MON:	KEY FRAN	CHISING, LLC	
a)5575 DTC PKWY., STE. 100	(b)	5575 DTC PKWY., STE. 100	
Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(0)_		
GREENWOOD VILLAGE, CO 80111	_	GREENWOOD VILLAGE, CO 80111	
09/09/2021	— - м	21000011911	
Date of tiling/registration in Florida		Document number	
a)	the Florida D	ept. of State:	
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
115 N. CALHOUN ST., STE. 4			
TALLAHASSEE	32301		
b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	l Office addr	TAL	
NEW Registered Office Address:		LAHASS	
1201 Hays Street		SSEE SSEE	
Tallahassee FI	32301		
e limited liability company is not organized under the lay age or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited lik were pothorized by an affirmative vote of the members of inticles of organization or the operating agreement of the	registered ability comp of the limite	ate of Florida, it is hereby confirmed that after office and the business office of the registered pany, it is hereby confirmed that the change(s) of liability company or as otherwise provided it	
Jee & Goner	Jill Cil	mi, Authorized Person	
nature of a member or authorized representative of a member reby accept the appointment as registered agent and age		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

Grace E. Kirby, Asst. Vice President

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