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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)472-0533

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**LLC REGISTERED AGENT CHANGE
FRANCHISE CREATOR, LLC**

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Corporate Filing Menu

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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. Name of the limited liability company: Franchise Creator, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7300 N. KENDALL DR., STE. 340
MIAMI, FL 33156
July 26, 2023
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
7300 N. KENDALL DR., STE. 340
MIAMI, FL 33156
M23000009740
3. Date of filing/registration in Florida
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
KASMAI, HOSSEIN
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7300 N. KENDALL DR., STE. 340
MIAMI, FL 33156

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
CAPITOL CORPORATE SERVICES, INC.
NEW Registered Office Address:
515 E. PARK AVENUE, 2ND FLOOR
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]
Signature of a member or authorized representative of a member

Hossein Kasmai

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.

Kim Tadlock
Signature of Registered Agent

Kim Tadlock, Asst. Sec.

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