(R	lequestor's Name)	
(A	ddress)	
(A	.ddress)	<u>-</u>
(C	city/State/Zip/Phone #	)
PICK-UP	MAIT	MAIL
(B	susiness Entity Name	)
(C	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



900359275589

02/16/21--01019--017 \*\*35.00

AB

## **COVER LETTER**

TO: A	Amendment Section Division of Corporations					
SUBJEC Name of	T: IPG FRANCHISING, INC. Corporation					
DOCUM	1ENT NUMBER: P01000029812					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please re	turn all correspondence concerning this matter to the following:					
D. JOHN	MORGESON, JR.					
Name of	Contact Person					
DSK LA	w					
Firm/Co	mpany					
332 N M.	AGNOLIA AVENUE					
Address						
	DO, FL 32801					
City/Stat	te and Zip Code					
	djmorgeson@dsklawgroup.com					
E-mail address: (to be used for future annual report notification)						
For furth	ner information concerning this matter, please call:					
D. JOHN	Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number					
	Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.						

Street Address:

Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303.

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Taliahassee, FL 52314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted	ctions 607.0502, 61 = 0 d for a corporation org registered office or regi	anized under the laws o	of the State of <u>FLO</u>	RIDA
1. The name of t	he comoration:	IPG FRANCHISING. I	√C.		
2 The principal	office address:	8132 West Irlo Bronson	Memorial Hwy		
z. The principal		Kissimmee, FL 34747			
3. The mailing a	ddress (if differ	rent):			
4. Date of incorp	oration/qualitic	cation: MARCH 20, 700	Document num	nber: <u>P0100002981</u>	2
5. The name and	l street address o	of the current registered (If resigned, enter resigned)	agent and registered of		he
	SCOTT P. WEE	BER			2021 FEB 16 SECRETARY TALLAHAS
PHELPS & DUNBAR, LLC					
	100 S ASHLEY	OR STE 1900, TAMP	A, FL 33602		=:
6. The name and (if changed):	l street address	of the new registered a	gent (if changed) and /o	or registered office	AMII: 0;
	D. JOHN MOR	GESON, JR.			7
	332 N MAGNO	OLIA AVENUE			
			Box NOT acceptable		
	ORLANDO, FI	. 32801		<del></del>	
as changed will	be identical.	ered office and the sire			
Such change wa authorized by th	as authorized by ae board, or the	y resolution duly adop corporation has been	ted by its board of dire notified in writing of t	ectors or by an off the change.	icer so
ر <sub>د ۲</sub> ۷	nan el	tle_	GRAHAM D. GRI		
I hereby accept	the appointment of the appointme	nt as registered agent the provisions of all s with and accept the c to reflect a change in in writing of this chan	and agree to act in thi atutes relative to the p bligation of my positu the registered office a	on as registered and defense of the complete o	nte performance gent. Or, if this confirm that the
Sig	nature of Registeres	Agent		Date	
If signing on be	half of an entit	y:			
D. JOHN MORO	GESON, JR.				
Ť	yped or Printed Nam				
		* * * FILING	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)