

P02000095969

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FRANCHISE NETWORK DELRAY BEACH, INC  
Name of Corporation

**DOCUMENT NUMBER:** P02000095969

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HENRY P. GORCHOFF  
Name of Contact Person

FRANCHISE NETWORK DELRAY BEACH, INC.  
Firm/Company

3210 SOUTH OCEAN BOULEVARD #702  
Address

HIGHLAND BEACH FL 33487  
City/State and Zip Code

HANK @ HANKSBANK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY P. GORCHOFF at (561) 715-2924  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 SEP 24 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 14, 2010

HENRY P. GORCHOFF  
FRANCHISE NETWORK DELRAY BEACH, INC.  
3210 SOUTH OCEAN BLVD #702  
HIALEAH BEACH, FL 33487

SUBJECT: FRANCHISE NETWORK DELRAY BEACH, INC.  
Ref. Number: P02000095969

We have received your document for FRANCHISE NETWORK DELRAY BEACH, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

~~The document must have original signatures.~~ ATTACHED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 110A00021771

QUESTIONS-?  
CELL (561) 715-2924

THANK YOU  
HENRY GORCHOFF

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FRANCHISE NETWORK DELRAY BEACH, INC.
2. The principal office address: 3300 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FLORIDA 33319
3. The mailing address (if different): 3210 SOUTH OCEAN BOULEVARD #702  
HIGHLAND BEACH, FLORIDA 33487
4. Date of incorporation/qualification: 9/5/02 Document number: P02000095969
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
HENRY P. GORCHOFF  
3210 SOUTH OCEAN BOULEVARD 702  
HIGHLAND BEACH, FLORIDA 33487

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SPIEGEL AND UTRERA, P.A.  
1840 CORAL WAY 4TH FLOOR  
MIAMI, FL 33145

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Henry P. Gorchoff  
Signature of an officer or director

HENRY P. GORCHOFF  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

my Spiegel & Utrera  
Signature of Registered Agent  
vice president

9/21/10  
Date

If signing on behalf of an entity:

Natalia Utrera  
Typed or Printed Name

\*\*\* 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 (8/05)

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