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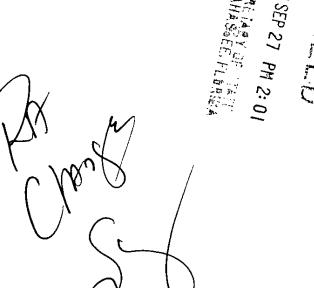
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: FRANCHISE NETWORK DELRAY BEACH, INC Name of Corporation	
DOCUMENT NUMBER: \$\(\rho \)200095969	
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.	
3210 SOUTH OCEAN BOULEVARD #702	
HIGHLAND BEACH FL 33487 City/State and Zip Code	
HANK @ HANKS BANK, COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: HENRY P. GORCHOFF at 56 715-2924 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.	

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

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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):

Tibe 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 THINK YOU HENRY FOR CHOFF

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

* * * FILING FEE: \$35.00 * * *