

PO 20000 95969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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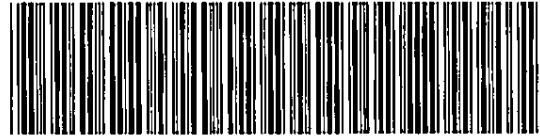
(Business Entity Name)

(Document Number)

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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. GORCHIOFF  
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. GORCHIOFF 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

**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 FL 33319
3. The mailing address (if different): 3210 SOUTH OCEAN BOULEVARD #702  
HIGHLAND BEACH FL 33487
4. Date of incorporation/qualification: 9/5/2002 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)

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

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

HENRY P. GORCHOFF  
3210 SOUTH OCEAN BOULEVARD #702  
P.O. Box NOT acceptable  
HIGHLAND BEACH FL 33487

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TALLAHASSEE, FLORIDA  
CLERK OF THE DIVISION OF CORPORATIONS

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 PRESIDENT  
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.*

Henry P. Gorchoff  
Signature of Registered Agent

8/2/18  
Date

If signing on behalf of an entity:

HENRY P. GORCHOFF  
Typed or Printed Name

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