

PD8 000070927

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TALLAHASSEE FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Franchise Brokers Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: P 08 000070927

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:

Sabrina Wall  
Name of Contact Person

Franchise Brokers Association  
Firm/Company

1080 Woodcock Rd Suite 295  
Address

Orlando, FL 32803  
City/State and Zip Code

Sabrina @ franchiseba.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabrina Wall at (321) 445-3800  
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 Brokers Association, Inc.  
2. The principal office address: 1080 Woodcock Rd Suite 295  
Orlando, FL 32803  
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 7/28/2008 Document number: PO8000070927

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)

Sabrina Carter  
3004 Lake Margaret Dr  
Orlando, FL 32806

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

Sabrina Wall  
1080 Woodcock Rd Suite 295  
Orlando, FL 32803

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.

[Signature]  
Signature of an officer or director

Sabrina Wall  
Printed or typed name and title

Executive Director

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.

[Signature]  
Signature of Registered Agent

11/23/11  
Date

If signing on behalf of an entity:

Sabrina Wall  
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