

P1000000 1078

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Our Family Franchise, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P0000007078

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:

Marcia Proodian

Name of Contact Person

Our Family Franchise, Inc.

Firm/Company

2511 W. Gardenia Dr.

Address

Citrus Springs, FL 34434

City/State and Zip Code

mjlcl879@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia Proodian

Name of Contact Person

at ( 727 ) 207-8166

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Our Family Franchise, Inc.
2. The principal office address: 324 SE US Hwy 19, Crystal River, FL 34429
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/25/2010 Document number: P10000007078
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)

Gary L. Davis

9020 Rancho Del Rio Drive, Suite 101

New Port Richey, FL 34652

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

Gary L. Davis

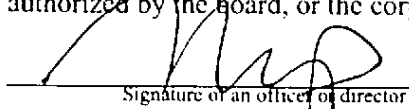
5802 State Road 54

P.O. Box NOT acceptable

New Port Richey, FL 34652

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 of an officer or director

Marcia Proodian, Secretary/Treasurer

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

6/20/24  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE