## P11000005386

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

			ACCOUNT	NO.	:	I20000	000195	5		
			REFERE	ENCE	:	170804	-	7644314	Ł	
		A:	UTHORIZAT	CION	<i>£D</i>		7			
			COST L	MIT		\$ 25.0	Mas	~		
ORDER 1	DATE	: Oct	ober 27,	2021					· – – <b></b> -	
ORDER '	TIME	: 2:	41 PM							
ORDER 1	NO.	: 170	804-030							
CUSTOM	ER NO	:	7644314							
			CHANGE	OF AG	ENT					<del>-</del>
	NAME		FRANKLIN INC.	AUTO	ACÇ	UISITI	ONS,			
PLEASE	RETUR	N THE	FOLLOWIN	G AS	PRO	OF OF I	FILING	<del>}</del> :		
X		TIFIED IN STAM	COPY 1PED COPY							
CONTACT	PERS	SON: Z	aleyyic W	eilan	d _	_ ድሂጥ#				

EXAMINER:

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

statement of ch	nange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of FL						
		or registered agent, or both, in the State of Florida.						
	the corporation: FRANKLIN AU							
2. The principa	ll office address: 9001 EAST CC	LONIAL DRIVE ORLANDO, FL 32817						
3. The mailing	address (if different):							
		011 Document number: P11000005386						
5. The name ar		gistered agent and registered office on file with the						
	LOWMAN, JR., WILLIAM R., E	ESQ. SHUFFIELD, LOWMAN & WILSON, P.A.						
	1000 LEGION PLACE, SUITE 1700							
	ORLANDO	FL 32801						
6. The name an (if changed):	d street address of the new regis	tered agent (if changed) and /or registered office						
	Corporation Service Company	<u>y</u> 20:						
	1201 Hays Street							
		P.O. Box NOT acceptable						
	Tallahassee	FL 32301						
The street addras changed will	ess of its registered office and t be identical.	he street address of the business office of list registered agent						
Such change was authorized by the	as authorized by resolution dul- he board, or the corporation has	v adopted by its board of directors or by art officer &						
	e & Comi	Jill Cilmi, Vice President						
		Printed or typed name and title agent and agree to act in this capacity, f all statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or if this						
	ing filed merely to reflect a cha s been notified in writing of this n Service Company	the obligation of my position as registered agent. Or, if this need to the obligation of my position as registered agent. Or, if this need the registered office address. I hereby confirm that the change.						
	a Cokuby	Jill Cilmi, Vice President						
_	nature of Registered Agent half of an entity:	Date						
	Asst. Vice President							
	yped or Printed Name	<u> </u>						

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