## 10000105936

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer			

Office Use Only



700439037267

2021, DEC 18 PM 3: 1,2

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

statement of ch	ànge is submitted for a corpore	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of FL ever or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: BOD BRAND	S FRANCHISING, INC.	
2. The principa	l office address: 1800 Pembroo	ok Drive Suite 280 Maitland, FL 32810	
3. The mailing	address (if different): 281 Wes	t Trotters Drive Maitland, FL 32751	
4. Date of incor	rporation/qualification: 07/19/	2021 Document number: P21000065936	
5. The name an		registered agent and registered office on file with the	
	ASSURED COMPLIANCE	SERVICES, LLC	
	1615 Woodward Street		
	Orlando	FL 32803	
6. The name an (if changed):		istered agent (if changed) and /or registered office	
1201 Hays Street P.O Box NOT acceptable			
	Tallahassee	FL 32301	
The street addr as changed wil	ress of its registered office and I be identical.	the street address of the business office of its registered agent.	
Such change wauthorized by t	as authorized by resolution duhe board, or the corporation by	aly adopted by its board of directors or by an officer so as been notified in writing of the change.	
/S/ Philip K. Calandrino		Philip K. Calandrino CEO &	
I hereby accep I further agree of my duties, a document is be corporation ha	nd Lam familiar with and acc	d agent and agree to act in this capacity.  of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this tange in the registered office address. I hereby confirm that the his change.	
By: Yangarure of Registered Agent		12/13/2024 Date	
	ehalf of an entity: ARBY, ASST, VICE PRESID		
<del></del>	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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