

S21421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

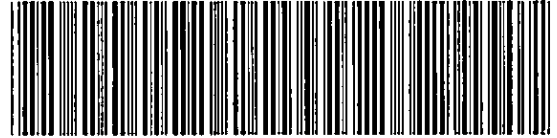
(Document Number)

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RECEIVED
2023 FEB 27 AM 11:24
SECRETARY OF
TALLAHASSEE COUNTY

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 524241 8336945

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : February 24, 2023

ORDER TIME : 8:18 AM

ORDER NO. : 524241-002

CUSTOMER NO: 8336945

CHANGE OF AGENT

NAME: AR FRANCHISING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

**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: AR FRANCHISING, INC.
2. The principal office address: 160 FOUNTAIN PARKWAY N SUITE 210
ST PETERSBURG, FL 33716
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/21/1990 Document number: S21421
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)

GASTON, KATHLEEN P
160 FOUNTAIN PARKWAY N SUITE 210
ST PETERSBURG FL 33716


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

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301


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.

 Kathleen P Gaston, Secretary
Signature of an officer or director 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.

Corporation Service Company
By:  02/24/2023
Signature of Registered Agent Date

If signing on behalf of an entity:

Grace E. Kirby, Asst Vice President
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
CR2E045 (04/13)

2023 FEB 27 AM 10:33
SECRETARY OF
TALLAHASSEE

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