3300 NORTH 8	ncipal Place of Business: STATE ROAD 7 LAKES, FL 33319		54790597	
Current Ma	ling Address:			
	H STATE ROAD 7 LE LAKES, FL 33319 US			
FEI Number: 02-0641011			Certificate of Status Desire	d: No
Name and Address of Current Registered Agent:				
	HAEL STATE ROAD 7 LAKES, FL 33319 US			
The above name	d entity submits this statement for the purpose of changing its regi	istered office or regis	tered agent, or both, in the State of Florida	
	d entity submits this statement for the purpose of changing its regi E: MICHAEL CASPER	istered office or regis		4/04/2023
		istered office or regis		
SIGNATURI	E: MICHAEL CASPER	istered office or regis		4/04/2023
SIGNATURI	E: MICHAEL CASPER Electronic Signature of Registered Agent	istered office or regis		4/04/2023
SIGNATURI Officer/Dire	E: MICHAEL CASPER Electronic Signature of Registered Agent ctor Detail :		C	4/04/2023
SIGNATURI Officer/Dire	E: MICHAEL CASPER Electronic Signature of Registered Agent Ctor Detail : PSTD	Title	VP	4/04/2023
SIGNATURI Officer/Dire Title Name	EIECTRONIC SIGNATURE OF REGISTERED Agent Ctor Detail : PSTD CASPER, MICHAEL J 3300 NORTH STATE ROAD 7	Title Name	VP SCHMITT, BRIAN 3300 NORTH STATE ROAD 7	4/04/2023
SIGNATURI Officer/Dire Title Name Address	EI MICHAEL CASPER Electronic Signature of Registered Agent Ctor Detail : PSTD CASPER, MICHAEL J 3300 NORTH STATE ROAD 7	Title Name Address	VP SCHMITT, BRIAN 3300 NORTH STATE ROAD 7	4/04/2023
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: MICHAEL CASPER Electronic Signature of Registered Agent Ctor Detail : PSTD CASPER, MICHAEL J 3300 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319	Title Name Address	VP SCHMITT, BRIAN 3300 NORTH STATE ROAD 7	4/04/2023
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	EINTERNAL CASPER Electronic Signature of Registered Agent Ctor Detail : PSTD CASPER, MICHAEL J 3300 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319 SVP	Title Name Address	VP SCHMITT, BRIAN 3300 NORTH STATE ROAD 7	4/04/2023

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL CASPER

PRESIDENT

04/04/2023

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: FRANCHISE NETWORK DELRAY BEACH, INC.

DOCUMENT# P02000095969

FILED Apr 04, 2023 Secretary of State 5479059794CC