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(Business Entity Name)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: BILBEC PROPERT	TIES, INC.
Name of Corporation	
DOCUMENT NUMBER: 370300	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
ROBERT THOMSON	
Name of Contact Person TRIVERGENT TRUST, LLC	<del></del>
Firm/Company 1201 S. ORLANDO AVE, SUITE 370	
Address WINTER PARK, FL 32789	
City/State and Zip Code	2022
WMCLT@TRIVERGENT	TRUST.COM
E-mail address: (to be used for future annual repo	TRUST.COM ort notification)  70 70 70 70 70 70 70 70 70 70 70 70 70
	<i>두</i> (6)
For further information concerning this matter, please	call: $\mathbb{R}^2 \oplus \mathbb{R}^3$
DEBORAH SHORE	call:  407 949-5573  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number 5
Enclosed is a \$35.00 check made payable to the Depa	riment of State. Note additional S10.00 filing fee
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
•	m II 1

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State ofFLORIDA
1. The name of the	BILBEC PROPERTIES, INC.
2. The principal of	1125 COLANA AVE MINTED DADE EL 22780
3. The mailing ac	Idress (if different): PO BOX 1270, WINTER PARK, FL 32790
4. Date of incorp	oration/qualification: 09/24/1970 Document number: 370300
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	BRYAN, F, WILLIAM II
	9039 US HIGHWAY 441
	LEESBURG, FL 34788
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	BRYAN, F, WILLIAM II
	1125 SOLANA AVE
	P.O. Box NOT acceptable WINTER PARK, FL 32789
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by h	s authorized by resolution duly adopted by its board of directors or by an officer so c board, or the corporation has been notified in writing of the change.
Signatur	BRYAN, F, WILLIAM II PDS e of an officer or director Printed or typed name and little
I hereby accept a further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and complete performance  of I am familiar with and accept the obligation of my position as registered agent. Or, if this  ng filed merely to reflect a change in the registered office address, I hereby confirm that the  office of the change in the change.
Sign	nature of Register 1 Agent 10/31 2003
If signing on bel	nalf of an entity:
BRYAN	Post 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)

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