625354

(Re	equestor's Name)	<u>-</u> -
(Ad	idress)	
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(Ci	ty/State/Zip/Phone #)	1
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PICK-UP	MAIT	MAIL
(B)	usiness Entity Name)	
(5)	Joine Jo Entity (Valley)	
	— -	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:]

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000418721930

08/01/23--01035--001 **275.00

11/14/23--01015--001 **40.00

2023 NOV 14 PK 12: 40



COVER LETTER

TO:

Amendment Section Division of Corporations BILL BRYAN CHRYSLER, DODGE, JEEP INC SUBJECT: Name of Corporation 625354 DOCUMENT NUMBER:_ The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT THOMSON Name of Contact Person TRIVERGENT TRUST, LLC Firm/Company 1201 S. ORLANDO AVE, SUITE 370 Address WINTER PARK, FL 32789 City/State and Zip Code WMCLT@TRIVERGENTTRUST.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DEBORAH SHORE Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. NOK additional \$10.00 filing, fee Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

, 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, 61 617.1508, Florida Statutes, this tinge is submitted for a corporation organized under the laws of the State ofFLORIDA
in order	to change its registered office or registered agent, or both, in the State of Florida. BILL BRYAN CHRYSLER, DODGE, JEEP INC
1. The name of the	be comoration:
2. The principal of	office address: 1125 SOLANA AVE, WINTER PARK, FL 32789
3. The mailing ac	ddress (if different): PO BOX 1270, WINTER PARK, FL 32790
4. Date of incorp	oration/qualification: 06/08/1979 Document number: 625354
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	LOWMAN, WILLIAM R, JNR
	1000 LEGION PLACE, SUITE 1700
	ORLANDO, FL 32801
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office BRYAN, F, WILLIAM II
	BRYAN, F, WILLIAM II
	1125 SOLANA AVE
	P.O. Box NOT acceptable WINTER PARK, FL 32789
The street address changed will	ss of its registered office and the street address of the business office of its registered agent
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
0	BRYAN, F, WILLIAM II PDT
	c of an officer or director Printed or typed name and title
I hereby accept to 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 ag filed merely to reflect a change in the registered office address, I hereby confirm that the beyn notified in writing of this change.
Sign	nature of Registered Agent 10/31/2003
It signing on bel	nalf of an entity:
BRYAN	F. WILLIAM IL pled 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)