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





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TALLAHASSEE, FI GRID

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman | ashley.seeman@cscglobal.com

Date: September 25, 2017

Order#: 831163/057

Re: FIRST TEAM FORD OF MANATEE, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office of registered agent, or both, in the state of Florida.

ı. FIRST!	TEAM FORD OF	MANAT	EE, LTD.	
Name of Limit	ed Partnership or Limited L	iability Lim	ited Partnershi	p
2 04/24/199	7	3	A970000	00900
Date of filing/registration	in Florida	F	lorida docume	
4. The name of the registered age Department of State:	nt and the registered office	address as s	shown on the re	cords of the Florida
	BETHEL, ALISO	ON E		
	Name			
200	SW 1ST AVENUE	14TH FLO	OOR	
	Address	•		
FO	RT LAUDERDALE	FL	33301	
	City, State and Z	ip		-1
5. The name and Florida street ad	dress of the new registered	agent and/o	r office:	ים אַנרר 17
	Corporation Service	Company	/	옷은 옷
	Name			2 S.S.S.
	1201 Hays Str	eet		
Floi	ida street address (P.O. Bo:		able)	
	Tallahassee	FL	32301	SIA LOR
	City, State and Z			56
6. Such change(s) is/are effective	when filed by the Florida I	Department (of State.	
Signature of General Partner JAMES BENDER, PRESIDENT, ON I hereby accept the appointment a comply with the provisions of all s and I am familiar with an accept Corporation Service By: NO BE CONTROL Signature of Registered Agent GRACE E. KIRBY, ASST. VICE	s registered agent and agre- tatutes relative to the propo he obligations of my position Company	e to act in the er and comp	his capacity. 1 _. elete performan	further agree to
Filing Fee:	\$35.00			
Certified Copy (optional):	\$52.50			