

A990000000352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

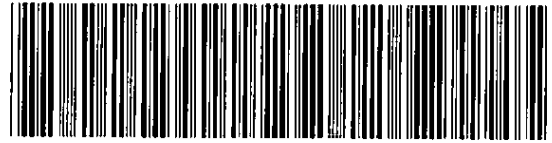
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA

R. HUNT

11/14/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FWB INVESTMENTS, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000000352

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERT THOMSON

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 at (407) 949-5573
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State:

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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 or registered agent, or both, in the state of Florida.

1. FWB INVESTMENTS, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/05/1999 3. A99000000352
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BRYAN, F, WILLIAM II
Name
9039 US HIGHWAY 441
Address
LEESBURG, FL 34788
City, State and Zip

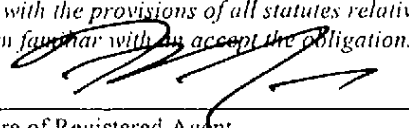
5. The name and Florida street address of the new registered agent and/or office:

BRYAN, F, WILLIAM II
Name
1125 SOLANA AVE
Florida street address (P.O. Box not acceptable)
WINTER PARK FL 32789
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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 obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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DIVISION OF CORPORATION