

F110000002938

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

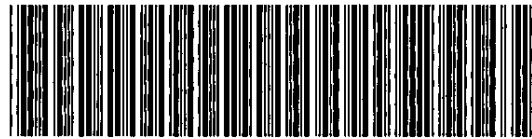
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 18 2017

S. PRATHER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cappo Management XXV, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F11000002938

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:

Travis Zollner

Name of Contact Person

Victory Automotive Group

Firm/Company

46352 Michigan Avenue

Address

Canton, MI 48188

City/State and Zip Code

contact@vagmgt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Zollner

Name of Contact Person

at ( 734 ) 495-3500

Area Code & Daytime Telephone Number

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

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of North Carolina in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Cappo Management XXV, Inc.
2. The principal office address: 8442 US Hwy 19, Porth Richey, FL 34668
3. The mailing address (if different): 46352 Michigan Avenue, Canton, MI 48188
4. Date of incorporation/qualification: July 20, 2011 Document number: F11000002938
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeffrey E Cappo

308 W Waters

Rosemary Beach, FL 32461

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System


1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Jeffrey E Cappo

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Jenifer Vincent  
Signature of Registered Agent

05/11/2017

Date

If signing on behalf of an entity:

Jenifer Vincent, Assistant Secretary & Vice President

Typed 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 (03/12)

**FILED**  
**17 MAY 12 AM 10:40**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA