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A. RALLET



"Your Compliance Solution"

Phone: (636) 639-1880 Fax: (636) 639-1233 www.y2yc.com -

November 26, 2024

via U.S. Priority Mail

Florida Department of State – Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Registered Office or Agent or both for Corporations form for Strategic Dealership Solutions, Inc.

To Whom It May Concern:

Please find enclosed the Statement of Change of Registered Office or Agent or both for Corporations form for Strategic Dealership Solutions, Inc.

The following documents make up the application packet

- This cover letter:
- The Florida Amendment Section cover letter
- Statement of Change of Registered Office or Agent or both for Corporations form for Strategic Dealership Solutions, Inc..
- Check # 9505 in the amount of \$35.00 made payable to the Department of State

Your acknowledgement of receipt and subsequent acceptance of this application will be appreciated. If you have any questions or need additional information please contact me at the phone, fax numbers or e-mail address listed below or by mail at the address listed above to the Attention of Jon Gruett.

Please send approval or other documents to:

Jon Gruett Year to Year Consulting, LLC 1580 N. Point Prairie Rd. Wentzville, MO 63385

Thank you for your consideration.

Respectfully Submitted,

Ion Gruett

Jon Gruett

Analyst/Product Compliance Year to Year Consulting, L.L.C. jon.gruett@y2yc.com

Phone: (636) 639-1880 Fax: (636) 639-1233

COVER LETTER

TO:	Amendment Section Division of Corporations	
	ECT: Strategic Dealership Solutions, Inc.	
Name	of Corporation	
DOC	UMENT NUMBER: F18000005202	
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Jon G	ruett	
Name	of Contact Person	
Year t	o Year Consulting, L.L.C.	
Firm/	Company	
1580 (N Point Prairie Rd.	
Addro	ess	
Wentz	ville, MO 63385	
City/S	State and Zip Code	
	jon.gruett@y2yc.com	
E-ma	il address: (to be used for future annua	l report notification)
For fu	orther information concerning this matter, p	please call:
Jon G	ruett	at (636 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Name of Contact Person	at (636)639-1880 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations
	1.O. DOX 032/	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Texas registered agent, or both, in the State of Florida.
	he corporation: Strategic Dealersh	
		edford Suite B Bedford, TX 76022-6600
3. The mailing a	ddress (if different);	
4. Date of incorp	oration/qualification: 10/30/2018	Document number: F18000005202
	street address of the current regi tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	CORPORATION SERVICE COMP	ANY
	1201 HAYS STREET	2024
	TALLAHASSEE, FL 32301-2525	DEC
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registered office 22.
	Registered Agents Inc	三
	7901 4th St N STE 300	
	St. Petersburg FL 33702	P.O. Box NOT acceptable
The street addre	ss of its registered office and the	e street address of the business office of its registered agent,
Such change wa authorized by the	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer so seen notified in writing of the change.
	ina Bevil	Sabrina Bevil
I hereby accept I further agree t of my duties, an document is bei	e of an officer or director the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address. I hereby confirm that the change.
David Revents		11/19/2024
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
David Roberts		
Ty	ped or Printed Name	_

* * * FILING FEE: \$35.00 * * *