

LO9000 056 196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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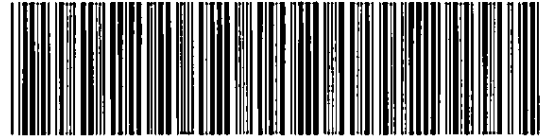
(Business Entity Name)

(Document Number)

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2019 SEP 23 11 31 AM

W. SULKER

OCT 08 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEALER CONSULTING, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

MARY C. SCRIBNER  
Name of Person

ROBSON, SCRIBNER & STEWART, PA  
Firm/Company

307 NE 36TH AVE #1  
Address

OCALA, FL 34470  
City/State and Zip Code

mary@rsscpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY C. SCRIBNER, CPA      352      694-4184  
Name of Person      at (      )      Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: DEALER CONSULTING, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
1350 COMMON WAY RD #201  
ORLANDO, FL 32814

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
SAME

3. 04/26/2010 Date of filing/registration in Florida

4. L09000056196 Document number

5. (a) 04/26/2010  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

KEVIN J. SCOTT

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

13900 COUNTY ROAD 455, SUITE 107 #355

CLERMONT, FL 34711

(b) ROBSON, SCRIBNER & STEWART, PA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

MARY C. SCRIBNE, CPA

NEW Registered Office Address:

307 NE 36TH AVE #1

OCALA, FL 34470

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kevin J. Scott  
Signature of a member or authorized representative of a member

KEVIN J SCOTT

Printed or typed name of signee

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Mary C. Scribner, CPA  
Signature of Registered Agent

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

FILING FEE: \$25.00