Division of Corporations 6/11/2021

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Division of Corporations

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Ben.freeland@freelandauto.com

## LLC REGISTERED AGENT CHANGE FREELAND FL HOLDINGS, LLC

| Certificate of Status | 0       |
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Help

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From. Alexis Gregor

Fax Audit # 1121000231127 3

## 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

| ı.                   | Na                            | me of the limited liability company: FREELAND FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , HOL                                    | DIN                        | NGS, LLC                                                                                                                                      |                      |          |
|----------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------|
|                      |                               | 5333 Hickory Hollow Parkway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a                                        | Ь)                         | 5333 Hickory Hollow Parkway                                                                                                                   |                      |          |
|                      | (a) _                         | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | . \                                      | _,_                        | Mailing address of limited liability comps<br>(Note: MAY BE POST OFFICE BOX                                                                   | ny <del>.</del><br>J |          |
|                      |                               | Antioch, Tennessee 37013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                        | -                          | Antioch, Tennessee 37013                                                                                                                      |                      |          |
|                      |                               | 5/9/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                        | l                          | .14000075735                                                                                                                                  |                      |          |
| 3.                   |                               | Date of filing/registration in Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.                                       |                            | Document number                                                                                                                               |                      |          |
| 5.                   | (a)                           | Biz Filings, Incorporated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                            |                                                                                                                                               |                      |          |
| •'•                  | (a)                           | Registered Agent and Registered Office shown on the records of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e Florid                                 | la D                       | ept. of State:                                                                                                                                |                      |          |
|                      |                               | 1200 South Pine Island Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                            |                                                                                                                                               | •                    |          |
|                      |                               | Registered Office Address MUST BE FLORIDA STREET A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DDRES                                    | S)                         |                                                                                                                                               | 2021                 |          |
|                      |                               | Plantation FL_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3332                                     | 4                          | HASSE                                                                                                                                         | 1 I NOF 1708         | <u> </u> |
|                      |                               | Business Filings Incorporated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                            | <br>تيا                                                                                                                                       | A                    | (D       |
|                      | (b)                           | Enter traine of NEW Registered Agent and/or NEW Registered (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Office at                                | ddr                        |                                                                                                                                               | <b>⊒</b>             | ادسودا   |
|                      |                               | 1200 South Pine Island Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                            | RIDA<br>ATro<br>A                                                                                                                             | 1.<br>1.             |          |
|                      |                               | NEW Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                            |                                                                                                                                               |                      |          |
|                      |                               | Plantation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3332                                     | 4                          |                                                                                                                                               |                      |          |
| the<br>ag            | ent v                         | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited lia-<br>ere authorized by an affirmative yote of the members of<br>cles of organization on the openiting agreement of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the reg<br>bility o<br>the lir<br>imited | iste<br>con<br>mit<br>Llia | rred office and the business office of the re<br>ipany, it is hereby confirmed that the chang<br>ed liability company or as otherwise provide | is(2)<br>Bizietea    |          |
| _                    | Sierra 2                      | nue of a member oyanthorized representative of a member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          | 3011                       | Printed or typed name of signee                                                                                                               |                      |          |
| I<br>pr<br>di-<br>to | here<br>ovisi<br>e obi<br>mer | by accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete i<br>igations of my position as registered agent as provided<br>by reflect a change in the registered affice address. I h<br>d'in writing of this change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                            | n this capacity. I finither agree to comply were of my duties, and I am lamiliar with an                                                      |                      |          |
| Si                   | M                             | while was a series of the seri | , etta.                                  |                            | nunmarated                                                                                                                                    |                      |          |
|                      | 1                             | Mark Williams, AVP, Business  Division of Corporations P.O. B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                        | •                          |                                                                                                                                               |                      |          |

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