

L180000028603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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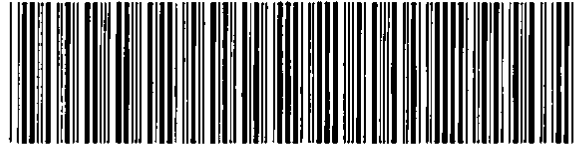
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FWB MANAGEMENT, 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:

ROBERT THOMSON

Name of 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

407

949-5573

at ( )

Name of Person

Area Code & Daytime Telephone Number

**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

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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Division of Corporations  
Tallahassee, FL 32303

**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: FWB MANAGEMENT, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>1125 SOLANA AVE</u> <u>WINTER PARK, FL 32789</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>PO BOX 1270</u> <u>WINTER PARK, FL 32790</u>
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3. <u>02/01/2018</u> Date of filing/registration in Florida	4. <u>LI8000028603</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CORPORATION COMPANY OF ORLANDO  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
300 S. ORANGE AVE. STE 1600 (JGH)  
ORLANDO, FL 32801

DIVISION OF CORPORATIONS  
2023 SEP -1 PM 12:40

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
BRYAN, F. WILLIAM II  
NEW Registered Office Address:  
1125 SOLANA AVE  
WINTER PARK, FL 32789

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.

Signature of a member or authorized representative of a member

BRYAN, F. WILLIAM II

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.*

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
**FILING FEE: \$25.00**