L18000198302

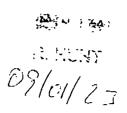
Office Use Only



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DIVISION OF USA THE LAND.



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Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
August 23, 2023
Dear Sir / Madam,
Please find enclosed 11 completed forms requesting a change the registered agent and office along with a check for \$275.00.
Should you have any questions regarding this application please feel free to contact me on 407-949-5573 or email <u>dshore@trivergenttrust.com</u>
Yours faithfully,
Deborah Shore
Trivergent Trust

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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	BILBEC INVESTMENTS, LLC				
SUBJECT	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered	Office Change as	nd fee(s) are submitted for filing.		
Please retur	n all correspondence concerning	g this matter to th	e following:		
ROBERT T	HOMSON				
	Name of Person				
TRIVERGE	NT TRUST, LLC				
·	Firm/Company	-		2023	21476
1201 S. OR	LANDO AVE. SUITE 370			2023 SEP .	DIVISOR C
	Address				7 C. F.
WINTER P.	ARK, FL 32789			PH 12: 40	2:47 2:47
	City/State and Zip Cod	le		: 40	=
wmclt@triv	ergenttrust.com				
E-mai	l address: (to be used for future	annual report no	ification)		
For further	information concerning this mat	ter, please call:			
DEBORAH	SHORE	407 at (949-5573		
	Name of Person		Area Code & Daytime Telephone Numb	– IEF	
Rep Div P.C	gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
En	closed is a check for the follow	ing amount:			
	\$25 Filing Fee	0	\$55 Filing Fee & Certified Copy		
INHS18 (2/1	4)				

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. Na	ame of the limited liability company: BILBEC INVES	STMENT	S. LLC	
2. (a)		((b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1125 SOLANA AVE		РО ВОХ	X 1270
	WINTER PARK, FL 32789		WINTE	R PARK, FL 32790
	08/17/2018		L1800019	98302
3.	Date of filing/registration in Florida	— 4.		Document number
5. (a)				
(a)	Registered Agent and Registered Office shown on the records of	f the Florid	la Dept. of S	tate:
	LOWMAN, WILLIAM R, JR ESQ	r 48885	36)	<u> </u>
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> 1000 LEGION PL STE 1700	ADDKES	<u>3)</u>	
	1000 ELECTION FE STE 1700			202 1
	ORLANDO, F	L_32801		ZIZZ SEF
				: 19
(b)				_ <u>- </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>ed Office a</u>	<u>ddress</u> :	PM
	BRYAN, F. WILLIAM II			й ада, РМ 12: 40
	NEW Registered Office Address:			—
	1125 SOLANA AVE			
	WINTER PARK , F	1. 32789		
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability c of the line e limited	red office a ompany, it nited liabil liability co	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Siana	ture of a member or authorized representative of a member	BR	YAN, F. W	/ILLIAM II Printed or typed name of signee
I here provisi the obl to mer notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change-in the registered office address. It is writing of this change.	gree to ac e perforn ed for in hereby c	et in this ca nance of m Chapter 60 confirm tha	macity. I further agree to comply with the
Signatu	re of Registered Agent			

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