

Florida Department of State
Division of Corporations
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L23000261874

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((H23000266854 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: daniel@cvfamilycorp.com

LLC REGISTERED AGENT CHANGE
DEALER GENERAL WARRANTY SERVICES, LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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AUG 02 2023
K. Brumley

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H23000266854 3)))

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 General Warranty Services, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4070 S. Pipkin Road, Suite 1

Lakeland, FL 33811

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

P.O. Box 470367

Celebration, FL 34747

05/31/2023

L23000261874

3. Date of filing/registration in Florida

4. Document number

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Dean Mead Services, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

420 S. Orange Avenue, Suite 700

Orlando, FL 32801

(b) Florida Chief Financial Officer

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

Florida Department of Financial Services

NEW Registered Office Address:

200 East Gaines Street

Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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

Daniel J. Pearce

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