## L23000 500 362

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer.					

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## 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	me of the limited liability company:  GREENWAY AU	TOMO	TIVE MANA	GMENT HOLDINGS, LLC		
2. (a)		(t	))			
	Principal office address of limited liability company:  (Note: MUST RE STREET ADDRESS)	_ `		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	520 N SEMORAN BLVD, STE 110		520 N SE	MORAN BLVD, STE 110		
	ORLANDO, FL 32807	<del>-</del> -	ORLAND	O, FL 32807		
	11/03/2023		L23000500	0362		
3.	Date of filing/registration in Florida	4.		Document number		
5 (a)						
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Stat			
	LOWMAN, WILLIAM R, JR					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1000 LEGION PLACE, SUITE 1700					
	ORLANDO FL	32801		T T L		
				JAN 18 PM 2		
(b)				- ASS - III		
Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	Corporation Service Company			2: 55 2: 55 E.FL		
	NEW Registered Office Address:		,			
	1201 Hays Street					
	<del></del>					
	Tallahassee	32301		_		
change agent w was/we the artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the refill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ligistopher Allen	egistero ility co the lim mited l	ed office an mpany, it is ited liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.		
	ure of a member or authorized representative of a member			Printed or typed name of signee		
provision the oblination mere notified	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete page in the proper and complete page in the registered agent as provided of the reflect a change in the registered office address, I he is in writing of this change.	e to act erform for in C reby co	in this cape ince of my e hapter 603 infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		