

M03000001724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500298338815

04/25/17--01022--015 **25.00

FILED
17 APR 25 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
APR 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boyland Auto Orlando, LLC (d/b/a Mercedes-Benz of South Orlando)
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:

Abbye E. Alexander, Esq.

Name of Person

Quintairos, Prieto, Wood & Boyer, P.A.

Firm/Company

255 S. Orange Avenue

Address

Orlando, Florida 32801

City/State and Zip Code

abbye.alexander@qpwbllaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abbye Alexander

at (407)

872-6011

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
17 APR 25 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Boyland Auto Orlando, LLC (d/b/a Mercedes-Benz of South Orla

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>4301 Millenia Blvd</u> <u>Orlando, Florida 32839</u> <u>05/27/2003</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>4301 Millenia Blvd</u> <u>Orlando, Florida 32839</u> <u>M03000001724</u>
---	---

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:

Kracht Law Firm, PA

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

230 S. New York Avenue, #100

Winter Park, FL 32789

(b) Abbye E. Alexander, Esq.

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

Quintalros, Prieto, Wood & Boyer

NEW Registered Office Address:

255 W. Orange Avenue, Suite 900

Orlando, FL 32801

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

Dominic Ford

Printed or typed name of signer

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

FILED
17 APR 25 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA