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S. PRATHER

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	CT: BOYLAND AUTO ORLANDO, L		
	Na	ime of Limited	Liability Company
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered O	ffice Change a	nd fee(s) are submitted for filing.
Please re	turn all correspondence concerning t	his matter to t	he following:
Abbye E	. Alexander, Esq.		
	Name of Person		
KAUFM	AN DOLOWICH & VOLUCK, LLP		
	Firm/Company		
301 E. P	ine Street, Suite 1150		·
	Address		
Orlando,	Florida 32801		
	City/State and Zip Code		
	er@kdvlaw.com		
E-1	mail address: (to be used for future ar	mual report no	uification)
For furth	ner information concerning this matte	r, please call:	
Abbye A	lexander	at (<u>407</u>) 963-8552
	Name of Person	······································	Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
1	Enclosed is a check for the followin	g amount:	
!	■ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS18 ((2/14)		

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. N	ame of the limited liability company: BOYLAND AU	TO ORLANDO	D, LLC		
2. (a)	4301 Millenia Blvd, Orlando, Fl. 32839	(b) ⁴³	(b) 4301 Millenia Blvd, Orlando, Ft. 32839		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAYBE POST	• •	
	05/27/2003		3000001724		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Abbye E. Alexander, Esq.				
	Registered Agent and Registered Office shown on the records of	of the Florida Dep	ot, of State:		
	e/o Kaufman Dolowich & Voluck LLP		<u> </u>		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)			
	301 E. Pine Street, Suite 840			_	
	Orlando, F	:L_ <u>32839</u>		2022 JUN ÄLLAHÄS	
(b)				AHÄSSEE	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addres	<u>s</u> :	21 21	
	Kaufman Dolowich & Voluck, LLP			PH 2: 0	
	NEW Registered Office Address:			20 C	
	301 E. Pine Street, Suite 1150			¥. <u> </u>	
	Orlando, F	-1_32801			
chang agent was/w	limited liability company is not organized under the I e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registered of liability compared of the limited	ffice and the business office c any, it is hereby confirmed th I liability company or as other	of the registered at the change(s)	
		_	Abbye Alexa	inder	
Sign	ature of a member or authorized representative of a member		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