

P110007250

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

RECEIVED

2019 SEP 19 AM 8:00

REGISTERED AGENT CHANGE  
UBREAKIFIX REPAIR PARTS CO

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2019 SEP 19 A 9 25

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Electronic Filing Menu

Corporate Filing Menu

Help

SEP 20 2019

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: UBREAKITX REPAIR PARTS CO
- 2. The principal office address: 200 S Orange Ave Suite 200 ORLANDO, FL 32801
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 09/01/2011 Document number: P11000077250

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Min Cho  
200 South Orange Avenue, Suite 200  
Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.  
c/o NRAI Services, Inc., 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

2019 SEP 19 A 4 28  
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Lisa E. Toporek*  
 Signature of an officer or director

Lisa E. Toporek, Vice President and Asst. Secretary  
 Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: NRAI Services, Inc.  
 Signature of Registered Agent

\_\_\_\_\_  
 Date

If signing on behalf of an entity:  
 \_\_\_\_\_  
 Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314