P98000073550

| (Rε | equestor'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: | | |
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RA RUChange Par 10/10/03



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HALLAHASSEE, FLORIDA

TILED

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

| Pursuant to the provisions of sections 607.0502, 61 undersigned corporation organized under the laws | 17.0502, 607.1508, or 617.1508, Florida Statutes, the of the State of Florida |
|--|---|
| 0 1 0 | its registered office or registered agent, or both, in the |
| State of Florida. | |
| 1. The name of the corporation: | HOLESALE SALVAGE, INC. |
| • | |
| 2. The mailing address of the corporation: | III S. W. 2nd Street |
| Pol | mpano Beach, Florida 33069 |
| 3. Date of incorporation/qualification: 08/20/19 | Document number: P98000073550 |
| 4. The name and address of the current registered ag | gent and registered office: |
| Sandra A. Smith | |
| 4957 N. W. 77th | Court |
| Pompano Beach, F | Court Solution Court |
| 5. The name and address of the new registered agen | at (if changed) and /or registered office (if changed) |
| Robert C. Martin | |
| 319 S. E. 14th | Street |
| Fort Lauderdale, | Florida 33316-1929 |
| The street address of its registered office and the agent, as changed, will be identical. | street address of the business office of its registered |
| | dopted by its board of directors or by an officer so |
| | 7–14–03 |
| (Signature of an officer, chairman or vice chairman of t | the board) (Date) |
| Meir Peretz, President | |
| (Printed or typed name and title) | |
| Having been named as registered agent and to ac corporation, I hereby accept the appointment as r I further agree to comply with the provisions of al performance of my duties, and I am familiar with registered agent. | registered agent and agree to act in this capacity. Il statutes relative to the proper and complete |
| at the second second | 7-14-03 |
| (Signature of Registered Agent) | (Date) |
| If signing on behalf of an entity: | |
| Robert C. Martin, Esq. | |
| (Typed or Printed Name) | (Capacity) |

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