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DOCUMENT# K35592

Entity Name: JM AUTO, INC.

### Current Principal Place of Business:

5350 W. SAMPLE ROAD MARGATE, FL 33073

## **Current Mailing Address:**

5350 W. SAMPLE ROAD MARGATE, FL 33073 US

# FEI Number: 65-0088515

### Name and Address of Current Registered Agent:

UNITED AGENT GROUP INC. 801 US HWY 1 NORTH PALM BEACH, FL 33408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	E: JON-MICHAEL SANCHEZ, SPECIAL SE	ECRETARY		04/24/2023
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title Name Address City-State-Zip:	VICE PRESIDENT AND GENERAL MANAGER HOPPE, MARK R. 5350 W. SAMPLE ROAD MARGATE FL 33073	Title Name Address City-State-Zip: Title	VP, CORPORATE TAXES MAGNER, KIMBERLY M. 5350 W. SAMPLE ROAD MARGATE FL 33073 ASSISTANT SECRETARY	
Title Name Address City-State-Zip:	TREASURER CAMPBELL, DARRELL 5350 W. SAMPLE ROAD MARGATE FL 33073	Name Address City-State-Zip:	WILLIAMS, CAREN SNEAD 5350 W. SAMPLE ROAD	
Title Name Address City-State-Zip:	ASSISTANT TREASURER ROMANO, BRYAN 5350 W. SAMPLE ROAD MARGATE FL 33073	Title Name Address City-State-Zip:	ASSISTANT TREASURER VENEZIA, JOSEPH A. 5350 W. SAMPLE ROAD MARGATE FL 33073	
City-State-Zip: Title Name	VP, GENERAL COUNSEL AND SECRETARY HALL, ANDRE L.	Title Name Address	PRESIDENT POLLOCK, CRAIG J. 5350 W. SAMPLE ROAD	
Address City-State-Zip:	5350 W. SAMPLE ROAD MARGATE FL 33073	City-State-Zip:		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARRELL CAMPBELL

TREASURER, BY JON- 04/24/2023 MICHAEL SANCHEZ, ATTORNEY-IN-FACT

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

### **Officer/Director Detail Continued :**

Title	ASSISTANT TREASURER
Name	VIRTUE, RONALD J.
Address	5350 W. SAMPLE ROAD
City-State-Zip:	MARGATE FL 33073
Title	ASSISTANT SECRETARY
Title Name	ASSISTANT SECRETARY HOLLIS, MICHAEL

Title	ASSISTANT SECRETARY
Name	PESCARU, PAULA
Address	5350 W. SAMPLE ROAD
City-State-Zip:	MARGATE FL 33073