4425 MERRIM	AC			
JACKSONVILL	-			
Current Mai	iling Address:			
4425 MERR JACKSONV	IMAC ILLE, FL 32210			
FEI Number: 84-0731031 Certificate of Status			Certificate of Status De	sired: Yes
	Address of Current Pagistarad Agent:			
Name and A	Address of Current Registered Agent:			
BUTCHER, RE 4425 MERRIM	NE D			
BUTCHER, RE 4425 MERRIM/ JACKSONVILL	NE D AC	g its registered office or regis	tered agent, or both, in the State of F	ilorida.
BUTCHER, RE 4425 MERRIM/ JACKSONVILL	NE D AC .E, FL 32210 US	g its registered office or regis	tered agent, or both, in the State of F	
BUTCHER, RE 4425 MERRIM/ JACKSONVILL	NE D AC .E, FL 32210 US d entity submits this statement for the purpose of changing	g its registered office or regis	tered agent, or both, in the State of F	ilorida. 02/12/2015 Date
BUTCHER, RE 4425 MERRIM/ JACKSONVILL The above name SIGNATURE	NE D AC E, FL 32210 US d entity submits this statement for the purpose of changing E: RENE BUTCHER	g its registered office or regis	tered agent, or both, in the State of F	02/12/2015
BUTCHER, RE 4425 MERRIM/ JACKSONVILL The above name SIGNATURE	AC AC E, FL 32210 US d entity submits this statement for the purpose of changing E: <u>RENE BUTCHER</u> Electronic Signature of Registered Agent	g its registered office or regis	tered agent, or both, in the State of F	02/12/2015
BUTCHER, RE 4425 MERRIM/ JACKSONVILL The above name SIGNATURE	INE D AC .E, FL 32210 US d entity submits this statement for the purpose of changing E: <u>RENE BUTCHER</u> Electronic Signature of Registered Agent Elector Detail :			02/12/2015
BUTCHER, RE 4425 MERRIM/ JACKSONVILL The above name SIGNATURE Officer/Dire Title	AC AC E, FL 32210 US d entity submits this statement for the purpose of changing E: <u>RENE BUTCHER</u> Electronic Signature of Registered Agent Elector Detail : P	Title	CFO	02/12/2015

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.

Electronic Signature of Signing Officer/Director Detail

CFO

02/12/2015

FILED Feb 12, 2015

Secretary of State

CC0108351886

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052462

Entity Name: AUTOQUOTES (FLORIDA), INC.

## **Current Principal Place of Business:**

Date