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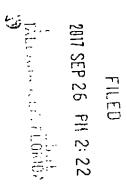
| (Red | questor's Name) | | | | |
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| (Add | dress) | | | | |
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| (City | y/State/Zip/Phone | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (But | siness Entity Nar | me) | | | |
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| Certified Copies | Copies Certificates of Status | | | | |
| Special Instructions to I | | - | | | |
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Office Use Only



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C. GOLDEN SEP 2 7 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 25, 2017

Order#: 831163/065

Re: KENYON DODGE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

| statement of ch | provisions of sections 607.0502, 617.0 ange is submitted for a corporation or er to change its registered office or reg | ganized under the l | aws of the State o | f FLORIC | DA | _ |
|---|---|---|---|-------------------------------------|----------------|-------|
| | the corporation: KENYON DODGE, IN | | on, mine state o | y 1 1071 44 . | | |
| | office address: 200 SW 1ST AVENUE | | ORT LAUDERDA | LE, FL 33 | 301 | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| 3. The mailing | address (if different): | | | | | |
| 4. Date of incor | poration/qualification: 12/14/1935 | Document | 13161 number: | 14 | | |
| | d street address of the current registere rtment of State: (If resigned, enter resig | | red office on file | with the | | |
| | BETHEL, ALISON E | | | | | |
| | 200 SW 1ST AVENUE 14TH FLOOP | ₹ | | | 20 | |
| | FORT LAUDERDALE | FL | 33301 | - | 17 SEI | |
| 6. The name and (if changed): | d street address of the new registered a | gent (if changed) ar | nd /or registered o | office] - | 26 PH | FILED |
| | Corporation Service Company | , , <u></u> | | - <u>E</u> r | ΐ̈́ | |
| | 1201 Hays Street | · · · · · · · · · · · · · · · · · · · | | _ (| 22 | |
| | P.O. Box N | OFacceptable FL | 32301 | | | |
| The street address changed will | ess of its registered office and the stre be identical. | et address of the bu | isiness office of | – its registe | red age | ≥nt, |
| | as authorized by resolution duly adopt ne board, or the corporation has been i | | | | | |
| | | C. COLEMAN I | EDMUNDS | SECR | ETAR | Y |
| _ | re of an officer or director | | ed or typed name and t | | _ | _ |
| I hereby accept I further agree to performance of agent. Or, if the hereby confirm Corporatio | the appointment as registered agent of comply with the provisions of all stand of a comply with the provisions of all stands of the company of the company to restant the corporation has been notified a Service Company | and agree to act in atutes relative to th l'accept the obligat effect a change in th l'in writing of this c | this capacity. he proper and co ion of my position he registered offi change. | mplete on as regis ice uddres | stered s, I | |
| By: Wrace C-Kinble | | | 09/19/2017 | | | |
| Sig | nature of Registered Agent | | Date | | | - |
| If signing on bel | half of an entity: | | | | | |
| GRACE E. KIRI | BY, ASST. VICE PRESIDENT | | | | | |
| Ty | ped or Printed Name | | | | | |

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