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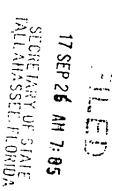
(R	equestor's Name)	
(A		
(A		
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	<u> </u>	
Certified Copies	Certificates of	Status
Special Instructions to		

Office Use Only



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SEP 2 6 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#: 831163/040

Re: BENGAL MOTOR COMPANY, LTD.

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

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

I. BENGAL MOTOR COMPANY, LTD.						
Name of Limited Partnership or Limited Liability Limited Partnership						
2. 01/03/199	0	3.	A294	61		
Date of filing/registration	in Florida	F	lorida docume	nt number		
4. The name of the registered age. Department of State:	nt and the registered office	: address a s sl	hown on the re	cords of the Florida		
	BETHEL, ALIS	ON E				
	Name					
200	SW 1ST AVENUE	14TH FLC	OR			
	Address					
FO	RT LAUDERDALE	FL	33301			
	City, State and 2	∠ip		5.0		
5. The name and Florida street ad	dress of the new registered	agent and/or	office:	17 S SECR		
Corporation Service Company						
	Name			SSS SS T		
1201 Hays Street						
Florida street address (P.O. Box not acceptable)						
	Tallahassee	FL	32301	OKI DE		
	City, State and 2	Cip Cip		D (F)		
6. Such change(s) is/are effective	when filed by the Florida I	D epar tment o	f State.			
Signature of General Partner JAMES BENDER, PRESIDENT, ON I hereby accept the appointment accomply with the provisions of all s	registered agent and agre latutes relative to the prop	ee to act in the er and compl	is capacity. 1 j ete performan	further agree to		
and I am familiar with an accept the Corporation Service By: No. 2 N	he obligations of my position of my	on as register	red agent.			
Signature of Registered Agent						
GRACE E. KIRBY, ASST VICE F	RESIDENT					
Filing Fee:	\$35.00					
Certified Copy (optional):	\$52.50					