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RA-Chg. C.COULLIETTE

001 05 2011

**EXAMINER** 



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 934122

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE: October 4, 2011

ORDER TIME : 11:06 AM

ORDER NO. : 934122-003

CUSTOMER NO: 7393949

## CHANGE OF AGENT

NAME:

THE AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of District of Columb red agent, or both, in the State of Florida.	oia 
1. The name of t		CIATION OF MOTOR VEHICLE ADMINISTRATOR	RS INC.
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/08/2002		
	street address of the current registered ag tment of State:	ent and registered office on file with the	
	CT Corporation System		
	1200 S. Pine Island Road		
	Plantation, FL 33324		SIGH
6. The name and (if changed):	street address of the new registered agent	t (if changed) and /or registered office	OF CORPORATION
	Corporation Service Company		<b>3</b> 73
	1201 Hays Street		5
	(P.O. Box NOT acceptable)		•
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street a be identical.	address of the business office of its registered agen	ıt,
		by its board of directors or by an officer so ified in writing of the change.	
Wal	un affell	Maureen Cathell, Vice President	
I hereby accept I further agree to of my duties, an document is bei corporation has	d I am familiar with and accept the oblic ng filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title) I agree to act in this capacity. Ites relative to the proper and complete performan gation of my position as registered agent. Or, if the registered office address, I hereby confirm that the	ice his he
By: 100	on Service Company	October 4, 2011	
<u> </u>	nature of Registered Agent)	(Date)	-
If signing on be	half of an entity:		
	y, Assistant Vice President yped or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)