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To:				
	Division of Corporations			
	Fax Number	:	(850)617-6380	
From:				
	Account Name	:	REGISTERED AGENT SOLUTIONS 1	INC
	Account Number	:	12010000062	
	Phone	:	(888)705-7274	

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

: (888)706-7274

	REGISTERED AGE	-	N
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COVER LETTER

TO: Amendment Section Division of Corporations

National Salvage & Service Corporation

SUBJECT: Name of Corporation

DOCUMENT NUMBER: F0500003920

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd. Suite 300

Address

Austin, Texas 78744

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo	at (⁸⁸⁸	705-7274
Name of Contact Person	Area Code &	k Davtime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

1020 SEP

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The	name of the corporation: National Salvag	ge & Service	Corporatio	on
2. The	principal office address: 6755 SOLD SF	R 37 BLOOM	MINGTON,	IN 47401

3. The mailing address (if different):

Document number: F0500003920 4. Date of incorporation/qualification: 7/8/2005

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE,	FL	32301	

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.			1
155 Office Plaz	a Dr.	Suite A	e.
	P.O. Box NOT acceptable		
Tallahassee	FL	32301	Û

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Victoria Schoff /s/

Signature of an officer of director

Victoria Schopp Printed or typed name and title

President

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

tatilie of Registered Agent

09/14/2020

Date

If signing on behalf of an entity:

Mackenzie Hart, Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)