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(((H16000302409 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone

: (888)705-7274

Fax Number

: (888)706-7274

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

Email Address:

REGISTERED AGENT CHANGE AUCTION.COM, INC.

R. WHITE

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Corporate Filing Menu

Help

From: Justine Karnell

خدا

Fax: (888) 724-8629

To: FLORIDA Change of A(Fax: +1 (850) 6176380

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FAX

FROM

Justine Karnell Registered Agent Solutions, Inc. 1701 DIRECTORS BLVD SUITE 300 AUSTIN TX 78744

Phone

(888) 724-8629

Fax Number

DATE 12/09/2016

NOTE

Please file on a routine basis.

TO

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Phone

Fax Number +1 (850) 6176380

From: Justine Karnell

Fax: (888) 724-8629

To: FLORIDA Change of Ag Fax: +1 (850) 6176380

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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Auction.com, Inc.					
Name of Corporation					
DOCUMENT NUMBER: F0700004401					
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:					
Troub rotal and control position and an analysis of the control position and an analys					
Justine Karnell					
Name of Contact Person					
Registered Agent Solutions, Inc.					
Firm/Company					
1701 Directors Blvd, Ste 300					
Address					
Austin, TX 78744					
City/State and Zip Code					
notices@rasi.com					
E-mail address: (to be used for future annual report notification)					
•					
For further information concerning this matter, please call:					
Justine Karnell , 888 , 705-7274					
Justine Karnell Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address: Amendment Section Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					

CR2E045 (03/12)

(((H16000302409 3)))

Tallahassee, FL 32301

To: FLORIDA Change of At Fax: +1 (850) 6176380 (((H16000302409 3)))

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

statement of cha	nge is submitted for a c	orporation orga	02, 607.1508, or 617.1508, nized under the laws of the tered agent, or both, in the	State of California	
	he corporation: Auction		rerea agent, or bom, in the	Sidie of Frontale.	
	office address: 1 Mau				
Irvine		CA	92618		
3. The mailing a	ddress (if different):				-
4. Date of incorp	poration/qualification:	08/31/2007	Document number:	F07000004401	
	I street address of the cu tment of State: (If resig		agent and registered office ed)	on file with the	
	NRAI SERVICES	S, INC			
	1200 South Pine	Island Road	<u> </u>	755 0	ਨ
	Plantation, FL 33	3324			7 -:
6. The name and (if changed):	I street address of the ne	ew registered age	ent (if changed) and /or regi	• • • •	·
	Registered Ager	nt Solutions,	Inc.		5
	155 Office Plaza				-
	Tallahassee, FL	P.O. Box NO 32301	T acceptable		
The street addre	ess of its registered office be identical.	ce and the street	address of the business of	ffice of its registered a	igent,
Such change wa authorized by th	es authorized by resolutive board, or the corpora	ion duly adopte tion has been no	d by its board of directors a stified in writing of the cha	or by an officer so ange.	
/	not an officer or director		Lee Leslie	Secretary	
I hereby accept I further agree i performance of agent. Or, if thi	the appointment as reg to comply with the prov my duties, and I am far is documents being fil	ristered agent ar visions of all sta niliar with and e ed merely to ref us been notified	nd agree to act in this capa tutes relative to the proper accept the obligation of my lect a change in the registe in writing of this change.		rd
Sign	nature of Registered Agent		12/1/2016 Date		
If signing on be	h of an entity:				
Justine Karn		ecretary			
Tj	ped or Printed Name	* * FILING &	CE: \$35.00 * * *		
			de: 335.00 " " " Drida Department de St	r a 175	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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