F0700000 6045

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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AUG 2 0 2019 S. YOUNG



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: August 9, 2019

Order#: 851448-003

Re: CAR WASH HEADQUARTERS, 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 Please return evidence to the following:

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

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

statement of cha	mge is submitted for a corporati	.617.0502, 607.1508, or 617.1508, Florida Stati ion organized under the laws of the State of DE or registered agent, or both, in the State of Flori			
1. The name of t	the corporation: CAR WASH HE	ADQUARTERS, INC.			
	office address: ST TUCSON AZ 85705				_
3. The mailing a	iddress (if different):				
4. Date of incorporation/qualification: 12/11/2007 Document number: F0700000			45		_
	I street address of the current reg truent of State: (If resigned, ente	gistered agent and registered office on file with the resigned)	าย		
	C T CORPORATION SYSTEM	1			
1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	FL 33324		<u></u>	
6. The name and (if changed):	Corporation Service Company 1201 Hays Street PO Box NOT acceptable			お いし t ら	
	Corporation Service Company		֓֞֝֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	\.	1
	1201 Hays Street		1.03	Ç.	
P.O. Box NOT acceptable			UΑ	ũ	
	Tallahassee	FL 32301			
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its reg	istered a	gent,	
Such change wa authorized by th	es authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an offic been notified in writing of the change.	er so		
\searrow	er & agrice	Jill Cilmi Vi	ce Presid	tnet	
	re of an officer or director	Printed or typed name and title			
I further agree i performance of agent. Or, if thi hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed merei	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as in the registered office ad solified in writing of this change.	e registered dress, I	d	
By:	nature of Registered Agent	07/25/2019 			
		Date			
If signing on be	half of an entity:				
	Asst. Vice President	_			
TV	sped or Printed Name				

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