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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

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

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REGISTERED AGENT CHANGE PRESTONE PRODUCTS CORPORATION

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6/22/2012 86/22/2012 15:48

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)	• COVER L	EFFER
TO:	Amendment Section Division of Corporations	
	Divinion of Conportation	•
SUBJ	Prestone Products Corporation	
SUDJ	Name of Cor	poration
DOC	UMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·
The er	nclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter t	o the following:
	Cynthia Hendzel Name of Cont	ent Person
	Tallio of Conte	
	Barnes & Thornburg LLI	<u> </u>
	Firm/Com	pany
	One North Wacker Drive	
	Addres	S
	Chicago, IL 60606	
	City/State and	Zip Code
	chendzel@btlaw.com	
	E-mail address: (to be used for futt	re annual report notification)
7 1		
roi tur	ther information concerning this matter, please cal	:
,	·	at ()
	Name of Contact Person	Area Code & Daytime Telephone Number
Englose	ed is a \$35.00 check made payable to the Departme	ent of State
Titotose	sa is a \$33.00 Gleck made payable to the Departme	sut of State.
٠,	Mailing Address	Street & ddrese
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassec, FL 32314	2661 Executive Center Circle

CR2E045 (03/12)

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut change is submitted for a corporation organized under the laws of the State of Delev	
	rder to change its registered office or registered agent, or both, in the State of Florid	
1. The name of	of the corporation: Prestone Products Corporation	
	pal office address: 39 OLD RIDGEBURY ROAD	
•		
3. The mailing	g address (if different): DANBURY CT 06810-5109	
4. Date of inco	orporation/qualification: 01/27/2009 Document number: F09000000331	
5. The name a	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
·	TALLAHASSEE FL 32301-2525 US	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office :	
	C T Corporation System	12 No. 12
	c/o C T Corporation System, 1200 South Pine Island Road Plantation,	
	P.O. Box NOT acceptable	4.2°
	Florida 33324	2 (2)
	ress of its registered office and the street address of the business office of its regist il be identical.	·`
Such change wanthorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	50
(00)	Keith A. Zer, Secretary Printed or typed name and title	
	Printed or typed name and title	•
t neredy accept I further agree performance of agent. Or, if th hereby confirm . CT	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete f my duttes, and I am familiar with and accept the obligation of my position as regists document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change. **Corporation System**	istered ss, I
By: 13-10	6/21/2012	<u></u>
f signing on be	posture of Registered Agent Shalf of an entity: ette McNamara	
	ant Secretary	
	* * * FILING FEE: \$35.00 * * *	

FL006 - 05/16/2013 Walters Kirower Online

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314