

FO9 000002425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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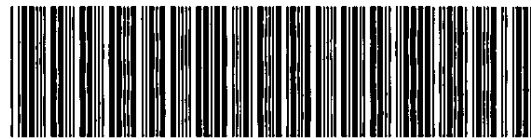
(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA  
JULIA K. H. GAO

JUN 09 2014

C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TCAR Recovery & Remarketing Services Inc  
Name of Corporation

DOCUMENT NUMBER: FD9000002425

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:

Brian Dunleavy  
Name of Contact Person

TCAR Recovery & Remarketing Services Inc  
Firm/Company

PO Box 589  
Address

Burnt Hills NY 12027  
City/State and Zip Code

BrianDunleavy@TCARInc.Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Dunleavy at (518) 346 6286 x1960  
Name of Contact Person Area Code & Daytime Telephone Number

X 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TEAR Recovery & Remarketing Services Inc  
2. The principal office address: PO Box 589  
Burnt Hills NY 12027  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/31/09 Document number: F09000003425

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)

Greg Forham (Resigned)  
817 Macmahon St  
Starke FL 32091

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

Registered Agents Inc.  
3030 N. Rocky Point Dr. STE 150A  
P.O. Box NOT acceptable  
Tampa, FL 33607

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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.

Bruce Dickey VP  
Signature of an officer or director

5/15/14  
Printed or typed name and title

*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.*

[Signature]  
Signature of Registered Agent

5/15/14  
Date

If signing on behalf of an entity:

Dan Keen-President  
Typed or Printed Name

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