

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(6.1)/21.1.1.2.1.7				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, , ,				
(Document Number)				
(Cocament Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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Macray

SECREDARY OF STATE
TALL AHASSEF, FI



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kelsey Eulert kelsey.eulert@cscglobal.com

Date: November 7, 2018

Order#: 459835-017

Re: CARSTAR FRANCHISE SYSTEMS, 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: Kelsey Eulert 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	nge is submitted for a corpo	9502, 617.0502, 607.1508, or 617.1508, Florida S oration organized under the laws of the State of $\frac{K}{F}$ flice or registered agent, or both, in the State of F	(S
I. The name of t	he corporation: CARSTAR	FRANCHISE SYSTEMS, INC.	
		CHARLOTTE NC 28202	
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 12/2	2/2010 Document number: F1000000	05624
	l street address of the currer tment of State: (If resigned.	nt registered agent and registered office on file wit , enter resigned)	.h the
	NRAI SERVICES, INC.		
	1200 SOUTH PINE ISLAN	ND ROAD	2018 SEC
	PLANTATION	FL 33324	2018 NOV -9
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are regi		
	Corporation Service Comp	pany	: 22 FATE FL
	1201 Hays Street		• •
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office a be identical.	and the street address of the business office of its	registered agent,
Such change wa authorized by th	s authorized by resolution e board, or the corporation	duly adopted by its board of directors or by an o i has been notified in writing of the change.	fficer so
ح عن ا	alni	Jill Cilmi, Vice President	
Signatui	e of an officer or director	Printed or typed name and title	
I further agree t performance of a agent. Or, if thi hereby confirm t	o comply with the provisio my duties, and I am familia s document is being filed n	red agent and agree to act in this capacity, ans of all statutes relative to the proper and comp ar with and accept the obligation of my position nerely to reflect a change in the registered office een notified in writing of this change.	as registered
By: Dra	as Cokubile	11/07/2018	
Sign	nature of Registered Agent	Date	
If signing on bef	half of an entity:		
Grace E. Kirby,	Assistant Vice President		
Ty	ped or Printed Name		

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