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To:

Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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 MCLAREN AUTOMOTIVE, INC.

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Help

T. LEMEUX

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

statement of char	provisions of sections 607.0502, 617.050. nge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the State of	Delaware	
1. The name of th	he corporation: McLaren Automotive, Inc.			
	office address: 750 Third Avenue Street, St			
3. The mailing ac	ddress (if different):			
4. Date of incorp	ooration/qualification; 1:28/2011	Document number: F11000	000386	
	street address of the current registered attment of State: (If resigned, enter resigned	_	with the	
	Corporation Service Company			
	1201 Hays St,		-	
	Talfahassee, FL 32301			
6. The name and (if changed):	street address of the new registered agen	nt (if changed) and /or registered o	office	
	CT Corporation System		_	
	c/o CT Corporation System, 1200 South Pine Island Road			
	P.O Box NOT Plantation, Florida 33324	acceptable		
The street addre	ess of its registered office and the street a be identical.	address of the business office of	its registered agent,	
	s authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors or by ar ified in writing of the change.		
Mate	The Pickens	Natalie Pickens, Vice President		
("	ic or an original control of	times in tipes remains in a	itle	
I further agree to performance of agent. Or, if this	the appointment as registered agent and ocomply with the provisions of all statumy duties, and I am familiar with and as slocument is being filed merely to reflect the corporation has been notified in	ues relauve to the proper and co. ecept the obligation of my positic ect a change in the registered offi	m as registered ice address, I	
C T Corp By,	ouration System	11/13/2018	2619	
Sign	nature of Hegistered Agenty	Date	9	
If signing on bel	half of an entity:		w F	
Sarah Revelle, As	sst. Secretary	: 	· D ITI	
Ту	ped or Printed Name	<u> </u>	= (1)	
	* * * FILING FEI	:-	<u>е</u>	
M	MAKE CHECKS PAYABLE TO FLOR AIL TO: DIVISION OF CORPORATIONS, P.C		32314	

CR2E045 (03/12)