Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

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 DEALER'S CHOICE TRUCKAWAY SYSTEM, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dealer's Choice Truckaway System, Inc
Name of Corporation
DOCUMENT NUMBER: F11000000653
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:
Zachary Ysais
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd. Suite 300
Address
Austin, Texas 78744
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Zachary Ysais Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

	ne provisions of sections 607.0502, 61 hange is submitted for a corporation			
in or	der to change its registered office or	registered agent, or bo	th, in the State of Floi	rida.
1. The name of	of the corporation: Dealer's Choice	ce Truckaway Sy	stem, Inc	
2. The princip	oal office address: 350 THORPE	RD ORLANDO,	FL 32824	
	g address (if different): 2310 S. RI			
4. Date of inco	orporation/qualification: 2/11/201	1 Document	number: <u>F110000</u>	00653
	and street address of the current regist partment of State: (If resigned, enter n		ed office on file with	2021 DEC 14
	BROSS, DAVE P)EC
	350 THORPE RD			<u>+</u>
	ORLANDO	FL	32824	AM 10: 17
6. The name a (if changed	and street address of the new registere): Registered Agent Sol		d /or registered office	: 17
	155 Office Plaza Dr.	Suite A		
		P.O. Box NOF acceptable		
	Tallahassee	FL 3230	1	
The street add	dress of its registered office and the ill be identical.	street address of the bu	isiness office of its n	egistered agent,
Such change authorized by	was authorized by resolution duly ac the board, or the corporation has be	dopted by its board of en notified in writing	directors or by an of of the change.	ficer so
1st Thomas	r Devall	Thomas Duv	/ail Pi	resident
_	ature of an officer or director		ted or typed name and title	
I hereby acce I further agre of my duties, a document is h corporation h	pt the appointment as registered age to comply with the provisions of a and I am familiar with and accept th seing filed merely to reflect a change has been notified in writing of this ch	ent and agree to act in Il statutes relative to the e obligation of my pose in the registered offic ange.	this capacity, we proper and comple atton as registered a we address, I hereby o	ete performance gent. Or, if this confirm that the
Но	ekanzi H+	12/14/202	1	
	Signature of Registered Agent		Date	
If signing on	behalf of an entity:			
Mackenzie Ha	irt, Assistant Secretary			
	Typed or Printed Name	on per areas a		
	* * * * * 11.10	iG FEE: \$35.00 * * *		