Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (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.

REGISTERED AGENT CHANGE ZEP VEHICLE CARE INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT, ZEP VEHICLE CARE INC.

Name of Corporation

DOCUMENT NUMBER: F12000004080

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:

Amy Gaines

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Gaines

"(QQQ

705-7274

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office of	n organi	ized under the	laws of the S	State of <u>L</u>	Georg		
I. The name of t	he corporation: ZEP VEHI	CLE	CARE IN	IC.	· · · · · · · · · · · · · · · · · · ·	, -		
				STE	E 700			
ATLANTA		SA	30339					
3. The mailing a	ddress (if different):							
4. Date of incorp	poration/qualification:		Docume	nt number: _	F120	0000	4080	· · · · · · · · · · · · · · · · · · ·
5. The name and	street address of the current registment of State: (If resigned, enter	stered a	gent and regist					
	CORPORATION SI	ERVI	CE COM	<u>IPANY</u>	INC			
	1201 HAYS STREE	Τ		· <u></u>				
	TALLAHASSEE, FL	323	01-2525		;	32. 32. 33.	2018	
6. The name and (if changed):	street address of the new register	red agen	t (if changed)	and /or regis	stered of	CONTRACTOR ASS	NUG I	
	Registered Agent Soluti	ions, l	nc.			S150	_	m
	155 Office Plaza Dr., St					FIST FLOW	T) छि	
	Tallahassee, FL 32301	Bex NOI	acceptable			ACT.	69 69	
The street addre	ss of its registered office and the be identical.	e street a	iddress of the	business of	fice of its	s registe	red ager	ıt,
Such change wa authorized by th	s authorized by resolution duly a te board, or the corporation has b	adopted seen not	by its board o	f directors og of the cha	or by an o	officer s	ю	
/S/ Before D S	Nove re of an officer or director	_	Robert				retary	
I hereby accept I further agree to performance of	the appointment as registered as to comply with the provisions of my duties, and I am familiar with is document is being filed merely that the corporation has been not be the corporation has been not been not be the corporation has been not be the corporation has been not be the corporation has been not been not be the corporation has been not been not be the corporation has been not be the corporation has been not	all statu h and ad	l agree to act . tes relative to event the oblig	the proper ation of my	city, and com	plete as revi	stered ss, l	
		_	08/14/20					
	half of an entity:			Date			_	
	ell - Assistant Secretary ped or Printed Name							