## F12000004080

(Re	equestor's Name)	-
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	<del>=</del> )
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
· <u> </u>		





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O SIMMONS FEB 2 8 2022

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 508303 8138969				
AUTHORIZATION: Spelle Real				
COST LIMIT : \$ 35.00				
ORDER DATE : February 22, 2022				
ORDER TIME : 8:21 AM				
ORDER NO. : 508103-009				
CUSTOMER NO: 8138969				
CHANGE OF AGENT				
NAME: ZEP VEHICLE CARE INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland				
CONTROL PROOFF METALLA				

EXAMINER'S INITIALS:

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

statement of char	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or register	zed under the law.	s of the State of $\underline{G}$	Seorgia		
1. The name of t	he corporation: ZEP VEHICLE CARE INC	D				
2. The principal	office address: 3330 CUMBERLAND BLV	/D ATLANTA, GA	¥ 30339			
3. The mailing a	ddress (if different): 3330 CUMBERLANI	D BLVD SUITE 70	00 ATLANTA, GA	30339		
	poration/qualification: 10/04/2012					
	l street address of the current registered ag tment of State: (If resigned, enter resigned		d office on file with	h the		
	REGISTERED AGENT SOLUTIONS, I	INC.		~2		
	155 OFFICE PLAZA DR STE A			FILL 2022 FEB 25 SECRETAR		
	TALLAHASSEE	FL	32301	EB 2		
6. The name and (if changed):	d street address of the new registered agen	it (if changed) and	l /or registered offi	ice O		
	Corporation Service Company		<del></del>	9. 1.8		
	1201 Hays Street					
		NOT acceptable	32301			
	Tallahassee					
	ess of its registered office and the street be identical.					
Such change wa	as authorized by resolution duly adopted he board, or the corporation has been no	l by its board of d tified in writing o	lirectors or by an of the change.	officer so		
Xie	2 aoni	Jill Cilmi		Vice President		
Spenaru	ire of an officer or director		ed or typed name and titl	le .		
I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change.  Service Company	utes relative to the igation of my posi e registered office	this capacity, e proper and com ition as registered e address, I hereb	plete performance Lagent, Or, if this y confirm that the		
By: Drac	a C-Kuble	02/23/2022	- 15			
•	gnature of Registered Agent		Date			
	chalf of an entity:					
	Asst. Vice President Typed or Printed Name					
·	* * * FILING FF	EE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)