

F130000000493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

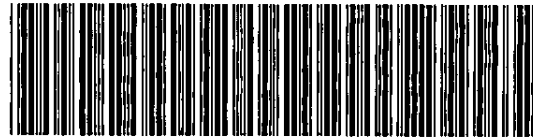
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/04/14--01005--001 **35.00

14 APR -4 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
APR 9 2014
EXAMINER



NATIONAL SERVICE INFORMATION, INC.
www.nsii.net

March 26, 2014

To Whom It May Concern:

Please file the enclosed Change of Agent Documents and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.
I will also need a receipt for the charges.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 113

Sincerely,

Marina Reel
Corporate Services Department
National Service Information, Inc
145 Baker St
Marion, Ohio 43302

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DRIVERFX.COM, INC.

Name of Corporation

DOCUMENT NUMBER: F13000000493

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:

MARINA REEL

Name of Contact Person

NSI

Firm/Company

145 BAKER STREET

Address

MARION, OH 43302

City/State and Zip Code

MARINA@NSII.NET

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

For further information concerning this matter, please call:

MARINA REEL

Name of Contact Person

740

387-6806 EXT 113

at (

_____) _____
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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DRIVERFX.COM, INC.
2. The principal office address: 44 TUNKANNOCK AVE.
EXETER, PA 18643
3. The mailing address (if different): 360 N. CRESCENT DR., SOUTH BLDG, BEVERLY HILLS, CA 90210
4. Date of incorporation/qualification: 02/01/2013 Document number: F13000000493
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Matthew McKay
Signature of an officer or director

Matthew McKay, Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Marina Reel
Signature of Registered Agent

3/21/14
Date

If signing on behalf of an entity:

MARINA REEL, ASSISTANT SECRETARY
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

14 APR -1, PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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