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(Re	equestor's Name)	_
(Ad	ldress)	-
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2019 DEC -9 PHI2: 04

SECRETARY OF STATE
ALL AMASSEE, FI DRIDA

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JAN 1 3 2020 LALBRITTON



CSC - WILMINGTON
,251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: December 5, 2019

Order#: 060057-006

Re: FENIX PARTS, INC.

Enclosed please find:

XX _ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX __ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

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statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florido on organized under the laws of the State of or registered agent, or both, in the State of	f_DE	
1. The name of t	he corporation: FENIX PARTS, I	INC.		
2. The principal	office address: One Westbrook C	Corporate Center Suite 920 Westchester	, IL 60154	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 09/04/201	Document number: F1500	00003920	
	street address of the current regi tment of State: (If resigned, enter	istered agent and registered office on file rresigned)	with the	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
	PLANTATION, FL 33324		FIL. DEC -9	
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Corporation Service Company		04	
	1201 Hays Street		_	
PO. Box NOT acceptable				
	Tallahassee	FL 32301	_	
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office of	its registered agent,	
Such change wa authorized by th	is authorized by resolution duly lie board, or the corporation has l	adopted by its board of directors or by a been notified in writing of the change.	n officer so	
1~1		William Stevens,	President	
Signatu	re of an officer or director	Printed or typed name and	title	
I further agree i performance of agent. Or, if thi hereby confirm	to comply with the provisions of my duties, and I am familiar wit	igent and agree to act in this capacity. all statutes relative to the proper and co th and accept the obligation of my positi y to reflect a change in the registered off otified in writing of this change.	omplete on as registered fice address, I	
By: Draz	` '	12/05/2019		
	nature of Registered Agent	Date		
It signing on be	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
T	ped or Printed Name	_		

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