## F1600000018

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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SECRETARION OF STATE

SECRETARION OF



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: December 27, 2016

Order#: 436948-002

Re: AUTO BODYGUARD, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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

statement of che	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of TX registered agent, or both, in the State of Florida.	
	the corporation: AUTO BODYGU		
	office address:onnor Boulevard, Suite 100, Irvin	g, TX 75039	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/31/201	5 Document number: F1600000018	
	d street address of the current regi- rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Registered Agent Solutions, Inc.		
	155 Office Plaza Drive, Suite A		
	Tallahassee	FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company		
	1201 Hays Street	<u> </u>	
	Tallahassee	Box NOT acceptable FL 32301	
The street addre	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	
		dopted by its board of directors or by an officer so een notified in writing of the change.	
Xie	2. agni	Jill Cilmi, Vice President	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.	
	de-Kubly nature of Registered Agent	12/27/2016	
	half of an entity:	Date	
	Ass.t Vice President		
T	voed or Printed Name		

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