Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (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.

Email Address:_

REGISTERED AGENT CHANGE MERCHANTS AUTOMOTIVE GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Merchants Automotive Group, Inc.

Name of Corporation

DOCUMENT NUMBER: F16000001139

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:

Mary Castillo

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:

Mary Castillo

888

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

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organizing in order to change its registered office or register.	zed under the law.	s of the State of $lacksquare$	lew Han	
1. The name of the corporation: Merchants Auto	motive Gra	oup, Inc.		
2. The principal office address:	· · · · · · · · · · · · · · · · · · ·	, ————————————————————————————————————		
3. The mailing address (if different):				
4. Date of incorporation/qualification: 3/9/2016	Document n	umber F1600	000011	39
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned CORPORATION SEF	d)		th the	
1201 HAYS STREET				
TALLAHASSEE	FL	32301-2525	P.S.	2018 R
6. The name and street address of the new registered agent (if changed):	t (if changed) and	/or registered off	(C) " ·	2018 NOV -7
Registered Agent Solutions, I		····	S 4(5)	
155 Office Plaza Dr., Suite A			FATE	ન 🛥 ડ
P.O. Box NOTa	ncceptable	<u> </u>		1
Tallahassee, FL 32301				
The street address of its registered office and the street a as changed will be identical.	iddress of the bus	iness office of its	registered	agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of di ified in writing of	rectors or by an of the change.	fficer so	
ISI Robert Singer Signature of an officer or director	Robert Sir	nger	Preside	<u>ent</u>
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all status performance of my duties, and I am familiar with and accagent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	l agree to act in the tes relative to the scept the obligation of a change in the writing of this ch	proper and compon of my position registered office hange.	olete as registeri	ed
Signature of Registered Agent	11/07/201	B Date		
If signing on behalf of an entity:				
Justine Karnell - Assistant Secretary				
Typed or Printed Name * * * FILING FEE	C: \$35.00 * * *			