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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter	the	email	address	for	this	busines	s entity	to be	used for	future
an	nual	report	t mailin	gs.	Enter	only or	e email	addres:	please.	k*

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REGISTERED AGENT CHANGE FOREVERCAR HOLDINGS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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y "Help

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

•	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz	, 607,1508, or 617,1508, Florida Statutes, this sed under the laws of the State of DE					
in order	r to change its registered office or register	ed agent, or both, in the State of Florida.					
1. The name of t	he corporation: FOREVERCAR HOLDING	GS, INC.					
2. The principal	office address: 954 W Washington Blvd., St	e 340, Chicago, 1L 6060					
3. The mailing a	ddress (if different): 5910 Mineral Point Ro	pad, Madison, WI 53705					
4. Dateofincorpo	oration/qualification: 10/26/2016	Document number: F16000004799					
	street address of the current registered ag tment of State: (If resigned, enterresigned	_					
	URS AGENTS, LLC	2					
	3458 LAKESHORE DR						
	TALLAHASSEE, FL 32312						
6. The name and (ifchanged):	street address of the new registered agent	(if changed) and /or registered office					
	C T Corporation System						
	1200 South Pine Island Road						
	P.O. Box NOT acceptable						
	Plantation, Florida 33324	 					
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent,					
Such change wa authorized by th	is authorized by resolution duly adopted be board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.					
APL-		Jennifer Kurz, Secretary					
- 17	e of an officer or director	Printed or typed name and title					
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete performance pation of my position as registered agent. Or, if this registered office address. I hereby confirm that the					
MACKE	All	01/05/2021					
Sign	nature of Registered Agent	Date					
If signing on be	half of an entity:						
Michele Holden,	Asst. Secretary						
T	ped or Printed Name						
	* * * FILING FEI	£: \$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)

By: