## F1800000 5760

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 14, 2020

Order#: 140065-005

Re: DEALER PROTECTION GROUP

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: Ami Casper 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

statement of cha	provisions of sections 607.0502, 617.1 nge is submitted for a corporation or r to change its registered office or reg	ganized under the law	s of the State of _	California
1. The name of t	he corporation: DEALER PROTECT	TION GROUP INC		
2. The principal	office address: 8659 Research Drive	e, Irvine, CA 92618		
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 12/11/2018 Document number: F18000005760				
	I street address of the current registere tment of State: (If resigned, enter resi		d office on file wit	h the
	3H Agent Services, Inc.			2020 3345 345
	1415 Panther Lane, Suite 327			2020 JAN REFART RYISION
	Naples, FL 34109			SASS SASS
6. The name and (if changed):	Size address of the new registered agent (it changed) and for registered office (			PM 6: 3
	Corporation Service Company			~ <del>`</del> ≠© <b>`œ</b>
1201 Hays Street				
	P.O. Box NOT acceptable			
	Tallahassee	FL	32301	
The street address changed will	ess of its registered office and the str be identical.	eet address of the bu	siness office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly ado be board, or the corporation has been	pted by its board of d i notified in writing o	irectors or by an of the change.	officer so
Coles C. Reed Signature of an officer or director		•	Adam C. Reed, Executive Vice President & Secretary Printed or typed name and fille	
of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this char TService Company!	and agree to act in the statutes relative to the obligation of my position the registered office age.	this capacity e proper and com ition as registered address, I hereb	plete performance lagent. Or, if this y confirm that the
By: C	Milley	01/14/20	020	
	nature of Registered Agent	<del></del>	Date	
If signing on be	half of an entity:			
Ami M. Casper,	Asst. Vice President			
	yped 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 (04/13)