Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 Phone : (85C)222-1092 Fax Number : (85C)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED SFEB 23 PM 12: 47

REGISTERED AGENT CHANGE ADP VEHICLE REGISTRATION, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

2/23/2015

https://efile.sunbiz.org/scripts/efilcovr.exe

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	nized under the laws of the State of California
In order to change its registered office or regist	•
1. The name of the corporation: ADP VEHICLE REGISTS	CATION, INC.
2. The principal office address: ONE ADP BLVD. MS433	, ROSELAND, NJ 07068
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/26/1995	Document number: F95000004681
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned	
NRAI SERVICES, INC.	
1200 South Pine Island Road	
Plantation, FL 33324	
6. The name and street address of the new registered age (if changed):	nt (if changed) and /or registered office
C T Corporation System	
c/o C T Corporation System, 1200 South F	rine Island Road
P.O. Bex NO	Carecptable
Plantation, Florida 33324	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	
A/KL	Jennifer Kurz, Vice President
Signature of an officer of director	Printed or typed name and title
I hereby accept the appointment as registered agent an I further agrief to comply with the provisions of all state performance of iny duties, and I am familiar with and agent. Or, if this document is being filed merely to refi hereby confirm that the corporation has been notified in CT Corporation System	d agree to act in this capacity, utes relative to the proper and complete accept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.
By: Xamaulous	2/19/2015
Signature of Registered Agent	Date
If signing on behalf of an entity: Samantha Jones	
Assistant Secretary Typed or Printed Name	
* * * FILING FE	EE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)

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