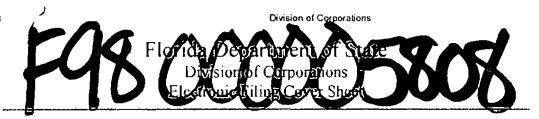
8/11/22, 4:08 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000272328 3)))



H220002723283AB0

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

5. The state of th

## REGISTERED AGENT CHANGE UNITED AUTO CREDIT CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

J. HORNE

AUG 1 5 2022

Electronic Filing Menu

Corporate Filing Menu

Help

 $\mathcal{C}_{\mathcal{B}}$ 

To:

Ø

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

1. The name of	the corporation: UNITED AU	JTO CREDIT CORPORATION		
	office address: 1071 CAMEL			
		BEACH, CA 92660		
3. The mailing a	address (if different):			
4. Dateofincorp	oration/qualification: 10/19/	71998 Document number: F98000005808		
	I street address of the current rtment of State: (If resigned, o	t registered agent and registered office on file with the enterresigned)		
	CORPORATION SERVICE	COMPANY		
	1201 HAYS STREET		SECRET FALLAHA	
	TALLAHASSEE, FL 32301-	-2525	AET	
6. The name and (ifchanged):	d street address of the new re	egistered agent (if changed) and /or registered office	CRETARY OF	
	C T Corporation System			
	1200 South Pine Island Road	I		
	Di ani mata 22224	P.O. Box NOT acceptable		
	Plantation, Florida 33324			
The street address changed will	ess of its registered office an be identical.	nd the street address of the business office of its register	ered age	
Such change was authorized by the	as authorized by resolution one board, or the corporation	duly adopted by its board of directors or by an officer has been notified in writing of the change.	\$O	
S	re of an officer or director	JOE DAVIS, SECRETARY		
		Printed or typed name and liftle		
I further agree of my duties, ar document is be corporation ha	to comply with the provision ad I am familiar with and ac- ing filed merely to reflect a c s been notified in writing of	red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete p wept the obligation of my position as registered agent change in the registered office address, I hereby confi this change.	erforma Or, if rm that	
CT Corporation  NUCLU Hald	n System	07/26/2022		
Sig	mature of Registered Agent	Date		
If signing on be	chalf of an entity:			
0.55				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)