**Division of Corporations Electronic Filing Cover Sheet** 

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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 Fax Number

\*\*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

HEAVY VEHICLE ELECTRONIC LICENSE PLATE, INC.

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

SEP 1 4 2018

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Electronic Filing Menu Corporate Filing Menu

Help

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## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: HEAVY VEHICLE ELECTRONIC LICENSE PLACE, INC.

Name of Corporation

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

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:

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

15129570210

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

statement of cha	nge is submitted for a	a corporation orga	92, 607.1508, or 617.150 nized under the laws of th tered agent, or both, in th	ne State of <u>P</u>	RIZONA	
I. The name of	the corporation: HE.	AVY VEHICL	E ELECTRONIC IRST STREET 85003	LICENS	SE PLACE,	INC.
3. The mailing a	nddress (if different):_	_				
4. Date of incor	poration/qualification	10/29/199	9 Document numbe	r. F9900	0005594	
	d street address of the rtment of State: (If res	•	agent and registered officed)	e on file wit	h the	
	NRAI SERV	ICES, INC				
	1200 SOUT	H PINE ISL	AND ROAD			
	PLANTATIO	N, FL 3332	.4			
6. The name and (if changed):	d street address of the	new registered age	ent (if changed) and /or re	gistered offi	2810 SEP	71
	Registered Ag	ent Solutions,	Inc.	<u>-</u>	<u>الإنتان</u> الإنتان	Γ
	155 Office Plan	•		·		
	Tallahassee, F	P.O. Box NO L 32301	l'acceptable		. 19	
The street address changed will	ess of its registered o be identical.	ffice and the street	address of the business	office of its	registered agen	t,
Such change wa authorized by the	as authorized by resone board, or the corpo	lution duly adopted tration has been no	d by its board of director officed in writing of the c	s or by an o hange.	fficer so	
/S/ Mark Den	ighty are of an officer or director		Mark Doughty	d name and title	President	
I further agree performance of agent. Or, if th	to comply with the pr my duties, and I am is documents being	ovisions of all stat familiar with and o filed merely to ref	ed agree to act in this cap tutes relative to the prop accept the obligation of i lect a change in the regis in writing of this change.	er and comp ny position ( stered office	as revistered	
Sign	nature of Registered Agent	<del></del> -	09/12/2018	ıte.		
	half of an entity;		D4	<del>.</del>		
Justine Karr		Secretary				
Ť	yped or Printed Name					