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Ŋ		Fax Number : (850)617-6380	2021 3. d
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37	11 0 41.	Account Name : NRAI SERVICES, LLC	• -
F	21.	13090909104	- വ
S		Phone : (302)674-4089	<u> </u>
CJ	~.	Fax Number : (302)674-5266	
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73	**Enter	the email address for this business entity to be used for foldie 🕌	· `
7821	ann	nual report mailings. Enter only one email address please.**	

## REGISTERED AGENT CHANGE POTAMKIN CHRYSLER-PLYMOUTH, INC.

Email Address: dmv@potamkinfamily.com

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S. PRATHER

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## Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this

statement of che	unge is submitted for a corporation or to change its registered office o	on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	—
_	-	Chrysler-Plymouth, Inc.	
	office address: 5800 NW 171st Sc		
Miami, Fl 33015			_
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/28/1983	Document number: G76350	
	d street address of the current regi riment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	David Yusko		
	5800 NW 171st Street		5
	Miami, Fl 33015	· · · · · · · · · · · · · · · · · · ·	1
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered office	
	NRAI Services, Inc.		
	1200 South Pine Island Road		
		P.O. Barx NOT acceptable	
	Plantation, Florida 33324	<del></del>	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered age	:nt,
Such change was	as authorized by resolution duly he board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.	
John 1	1 h der	John Rhodes, VP	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of d I am familiar with and accept ing filed merely to reflect a chan a been natified in writing of this	Probed or typed tense and bills  gent and agree to act in this capacity, all statutes relative to the proper and complete performa the obligation of my position as registered agent. Or, if if ge in the registered office address, I hereby confirm that change.	nce this the
NRAI Services,	fath	6/23/2021	
Sig	nature of Registered Agent	Oute	_
If signing on be	chalf of an entity:		
т	yped or Printed Name	-	
	* * * FILI	ING FEE: \$35.00 * * *	

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

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

By: