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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE PRO-TOUCH AUTO BODY LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

Drive	(b	, 7609 Tropic Drive	?	
	* -	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)		
urne, FL 32904		West Melbourne,	FL 32904	
	<del></del>	15000164312		
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ed Agents Inc.  Registered Agent and/or NEW			9:	
ed Agents Inc.  Registered Agent and/or NEW  St N			A	
	fice address of limited liability con MUST BE STREET ADDRESS Irne, FL 32904  filling/registration in Florida EGISTERED AGENT In the Registered Office shown on the HAVENUE NORTH	filing/registration in Florida 4.  EGISTERED AGENT INC and Registered Office shown on the records of the Florida HAVENUE NORTH address (MUST BE FLORIDA STREET ADDRESS)	fice address of limited liability company:  Must be street address  Must be street address  Mest Melbourne,  West Melbourne,  L15000164312  filing/registration in Florida  4. Document nur  EGISTERED AGENT INC  ad Registered Office shown on the records of the Florida Dept. of State:  H AVENUE NORTH  Address  (Must be Florida Street address)	

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Riley Park Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sel Bill Havre - Assistant Secretary

Signature of Registered Agent