5/14/2019

Division of Corporations



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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)694-1639

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

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LLC REGISTERED AGENT CHANGE

BRIDGESTONE BANDAG, LLC

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O SIMMONS

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.

1. N	lame of the limited liability company: Bridgestone	Bandag,	LLC		
2. (a)	200 4TH AVE. S SUITE 100	(b)	(b) 200 4TH AVE. S SUITE 100		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Principal office address of limited liability company:		Mailing address of limited liability company:	
	NASHVILLE, TN 37201		(Note: MAY BE POST OFFICE BOX) NASHVILLE, TN 37201		
			TASITVILLE	., 114 37201	
	07/26/2007	N	1070000044	.64	
3.	Date of filing/registration in Florida	— _{4.} —	Doc	sument number	
5. (a)	NRAI SERVICES, INC				
•	Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State:		
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		 	
	Plantation, Fl	33324			
(b)	United Agent Group Inc.			新 = III	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr		E 3	
	11380 Prosperity Farms Road #221E			9. 13	
	NEW Registered Office Address:	·		<i>></i> ω	
	Palm Beach Gardens Fi	_33410			
agent v	limited liability company is not organized under the lating or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lifere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registe iability com- of the limite limited lial	red office and pany, it is hen d liability cor pility company	the business office of the registered eby confirmed that the change(s) npany or as otherwise provided in V.	
Signature of a member of authorized representative of a member Carlos M Alvarez, Attorney-in-Fact Printed or typed name of signer					
I here provisi the obt to mer notified	by accept the appointment as registered agent and agentions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change. Carlos M. Alvare	ed for in Che hereby conf	this capacity te of my dutie upter 605, F.S irm that the li	ted or typed name of signee I further agree to comply with the s, and I am fumiliar with and accept Or, if this document is being filed mited liability company has been	
oigustu	ue of Registered Agenv				