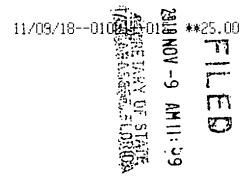
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(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kelsey Eulert kelsey.eulert@cscglobal.com

Date: November 7, 2018

Order#: 459835-115

Re: MEINEKE CAR CARE CENTERS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Kelsey Eulert c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company; MEINEKE CAR C	CARE C	ENTERS, LLC	>		
2	(a)	440 S CHURCH ST STE 700		440 S CHURCH ST STE 700			
•	()	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	_ (**/	Mail	ling address of limite Sote: MAY BE POS	ed liability c	
		CHARLOTTE NC 28202	-	CHARLOTT	E, NC 28202		
		01/02/2014		M140000000)87		
3.		Date of filing/registration in Florida	4.	Do	ocument number	LPS	
5.	(a)	NRAI SERVICES, INC				AON BIEZ	i
	()	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:				
		1200 SOUTH PINE ISLAND ROAD					
		Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)		ي الاي ي الاي يون يون الايم	R R	
		PLANTATION .FL	33324			. 59	
		Enter name of NEW Registered Agent and/or NEW Registered Office Address; 1201 Hays Street NEW Registered Office Address;					
		Tallahassee FL	32301				
the aga wa	e cha ent w is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	ne regist fility cor the limit	ered office an npany, it is he ed liability co	id the business of creby confirmed f ompany or as oth	ffice of th that the cl	e registered nange(s)
	\times	Lie E. Cionie	Jill Ci	lmi, Authorize	ed Person		
-;	si u al	ure of a member or authorized representative of a member		Pri	inted or typed name	of signee	
pre the to	ovisi e obli mere tifieo	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided, By reflect a change in the registered office address. The Vin writing of this change.	e to act i erforma for in Ci reby coi	n this capacit nce of my duti iapter 605, F. ifirm that the	v. I further agre ies, and I am fam S. Or, if this doc limited liability (te to comp uiliar with cument is company	oly with the and accept being filed has been
Si	<u>O</u> ngratur	ace CKOOL e of Registered Agent Corporation Service Company	BY: Gr	ice E. Kirby,	, Assistant Vice	e Presider	nt