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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

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

Email Address:

dmv@potamkinfamily.com

## REGISTERED AGENT CHANGE POTAMKIN HYUNDAI, INC.

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

	•	617.0502, 607.1508, or 617.1508, Florida Statutes, this or organized under the laws of the State of Florida	
=	- · ·	r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Potentkin Hyunda	ui, Inc.	
	office address: 5800 NW 171st St		
3. The mailing o	address (if different):		
4, Date of incor	poration/qualification: 10/07/1985	Document number. M21594	
	d street address of the current regi riment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	David Yuako		
	5800 NW 171st Street		TALL.
	Mismi, FI 33015		<u> </u>
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	ALLAHASSEE.
	NRAI Services, Inc.	<u> </u>	
	1200 South Pine Island Road		E E
		P.O. Box NOT acceptable	· • <u>1</u> 20
	Plantation, Flurida 33324		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered a	ag <del>cu</del> t,
Such change we suth orized by the	as authorized by resolution duly he board, or the corporation has t	adopted by its board of directors or by an officer so been notified in writing of the change.	
In R	hoder	John Rhodes, VP	
I hereby accept I further agree of my duties, an document is bei corporation has NRAI Services,	the appointment as registered a to comply with the provisions of all am familiar with and accept ing filed merely to reflect a chant to been notified in writing of this o	gent and agree to act in this capacity, all statutes relative to the proper and complete perform the obligation of my position as registered agent. Or, age in the registered office address, I hereby confirm the change.	mance if this out the
TIKAL DATEMA,	" follow	6/23/2021	
Sie	peture of Registered Agent	Date	
If signing on be	half of an entity:		
Tathi (g	yped or Printed Name	<b></b>	
•	Name or a common teamor		

\* \* \* FILING FEE: \$35.00 \* \* \*

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR28045 (04/13)

By: