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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 : (302)674-4089 : (302)674-5266 Fax Number

**Enter the email address for this business entity to be used for future

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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.

	me of the limited liability company: Hialeah Autom	(1)			
l. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BR POST OFFICE BOX) 5800 NW 171st Street		
	7400 Bird Road				
	Miami, Ft. 33155	iami, FL 33015			
	06/09/199B	М9	8000000595		
3.	Date of filing/registration in Florida	4.	Document n	umber	
	Dave Yusko			£.''.	
5. (a)	Registered Agent and Registered Office shown on the records	pt. of State:	2021		
	Registered Office Address	T ADDRESS)		2021 JUN 25	
	Miami ,]			me, 🕳 t	
	NRAI Services, Inc.			M 8: 57	
(ъ)	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	LF:	13° - 1	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	1200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	Plantation	FL			
the ch	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member tickes of organization or the operating agreement of the operation of the operating agreement of the operation of the op	or the register d liability comp rs of the limited the limited liab	pany, it is hereby con d liability company o	firmed that the change(s)	
was/w the ar	who Rhoder	10001 (4)	B 4-1-0-1-	-d-see of simes	
was/w the ar	agire of a member or authorized representative of a member			ped name of signer	
Sign I hen provide of the other of the othe	who Rhoder	agree to act in lete performant	this capacity. I furt	her agree to comply with the I am familiar with and accept Whit document it being filed	

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25.00