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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Vehicle Assets Sales Inc

Name of Corporation

DOCUMENT NUMBER. P10000060203

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie Conn

Name of Contact Person

Vehicle Assets Sales Inc.

Firm/Company

1515 N Congress Ave

Address

Delray Beach, FL 33445

City/State and Zip Code

laurie.conn@actionassets.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Conn

_{ar} 561

266-8704

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organizing order to change its registered office or register.	zed under the laws of the State of Florida	
1. The name of the corporation: Vehicle Assets Sal	es Inc	
2. The principal office address: 1515 N Congress A	Ave	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 7/23/10	Document number: P10000060203	
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned		
Laurie Conn		
250 SE 5th Ave		
Delay Beach, FL 33483		
6. The name and street address of the new registered agent (if changed):	t (if changed) and /or registered office	
Laurie Conn	그는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	
1515 N Congress Ave	ncceptable Table	
P.O. Box NOT a Delray Beach, FL 33445	icceptable \mathcal{L}	
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its registered agent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so field in writing of the change.	
	Laurie Conn	
Signature of an officer or director I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all status performance of my duties, and I am familiar with and acagent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	Printed or typed name and title I agree to act in this capacity. Ites relative to the proper and complete I accept the obligation of my position as registered I ct a change in the registered office address, I I writing of this change.	
Low C	7/5/13	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Laurie Conn Typed or Printed Name		
* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)