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Division	of

To:

RECEVED

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

PH 12: 40	From: Account Name : REGISTERED AGEN Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274	NT SOLUTIONS INC	F I L
2022 JUN 20	**Enter the email address for this busines annual report mailings. Enter only o Email Address:	ss entity to be used for future one email address please.**	E D Amil: 35

REGISTERED AGENT CHANGE ITF AUTO PARTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

A. RAMSEY

JUN 21 2022

Help

COVER LETTER

TO: Amendment Section Division of Corporations

ITF AUTO PARTS, INC.

SUBJECT: ______ Name of Corporation

DOCUMENT NUMBER: P13000040631

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:

Joshua Murphy

Registered Agent Solutions, Inc.

Name of Contact Person

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, Texas 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

Joshua Murphy

Name of Contact Person

at (888) 705-7274 Area Code & Daytime Telephone Number

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

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

I. The name of the corporation: ITF AUTO PARTS, IN	IC.				
2. The principal office address: 6800 KINGSPOINTE	PARKWAY SUITE 400				
Orlando, FL 32819					
3. The mailing address (if different):					
4. Date of incorporation/qualification: 5/6/2013 Document number: P13000040631					
5. The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned)	and registered office on file with the	2			
KUMAR, RAJESH	:				
6800 KINGSPOINTE PARKWAY	SUITE 400	STATISTICS IN THE			
ORLANDO	FL 32819	The H			

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.					
155 Office Plaza Dr.		Suite A			
	P.O. Box NOT :				
Tallahassee	FL	32301			

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

GAURAV KUMAR /s/ Signature of an officer or director

GAURAV KUMAR

06/20/2022

Authorized Person

Printed or typed name and title

Date

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

Hockenzint

Signature of Registered Agent

If signing on behalf of an entity:

Mackenzie Hart, Assistant Secretary

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 (04/13)

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