## 13090078691

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                       |  |  |  |  |
|---|--|--|--|--|
| REFERENCE : 170804 7644314                      |  |  |  |  |
| AUTHORIZATION Spelle Read                       |  |  |  |  |
| COST LIMIT : 0\$25.00                           |  |  |  |  |
| ORDER DATE : October 27, 2021                   |  |  |  |  |
| ORDER TIME : 2:35 PM                            |  |  |  |  |
| ORDER NO. : 170804-020                          |  |  |  |  |
| CUSTOMER NO: 7644314                            |  |  |  |  |
| CHANGE OF AGENT                                 |  |  |  |  |
| NAME: EL PASO AUTO ACQUISITIONS, INC.           |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |  |  |  |  |
| CERTIFIED COPY XX PLAIN STAMPED COPY            |  |  |  |  |
| CONTACT PERSON: Alexxis Weiland EXT#            |  |  |  |  |
| EXAMINER:                                       |  |  |  |  |

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

| statement of cha  | ange is submitted for a corporatio   | 617,0502, 607.1508, or 617.1508, Florida Statut<br>on organized under the laws of the State of <mark>FL</mark><br>or registered agent, or both, in the State of Florid                              |  |
|---|--|---|--|
| 1. The name of  | the corporation: EL PASO AUTO  | ACQUISITIONS, INC.  |  |
|   |  | ONIAL DRIVE ORLANDO, FL 32817   |  |
|   |  |   |  |
| 4. Date of incor  | poration/qualification: 09/23/20   | Document number: P130000786   | 91   |
|   | d street address of the current regirtment of State: (If resigned, enter   | istered agent and registered office on file with the resigned)  | 2  |
|   | LOWMAN, JR., WILLIAM R., ES  | SQ. SHUFFIELD, LOWMAN & WILSON, P.A.  |  |
|   | 1000 LEGION PLACE, SUITE   | 1700  | 2021 OCT 29                                      |
|   | ORLANDO  | FL 32801  | , 130  |
| 6. The name and (if changed):   | Č  | ered agent (if changed) and /or registered office   | 29 AH 9:   |
|   | Corporation Service Company  | ,   | 03   |
|   | 1201 Hays Street   |   |  |
|   | Tailahassee  | P.O. Box NOT acceptable  FL 32301   |  |
| _   | ess of its registered office and the be identical.   | e street address of the business office of its regi   |  |
| Such change wa<br>authorized by th  | as authorized by resolution duly<br>he board, or the corporation has   | adopted by its board of directors or by an office<br>been notified in writing of the change.  | er so  |
| X.º   | e & aone   | Jill Cilmi, Vice President  |  |
| <b>/</b> -1   | re oran officer or director  | Printed or typed name and title   |  |
| l further agree i<br>of my duties, an<br>document is bei<br>corporation has | the appointment as registered a<br>to comply with the provisions of<br>ad I am familiar with and accept<br>ing filed merely to reflect a chan<br>s been notified in writing of this<br>n Service Company | igent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered age, ge in the registered office address, I hereby conchange. | performance<br>nt. Or, if this<br>ifirm that the |
| By: Llose   | ~\   | Jill Cilmi, Vice President  |  |
| Sig   | nature of Registered Agent   | Date  |  |
| If signing on be  | half of an entity:   |   |  |
| Grace E. Kirby,   | Asst. Vice President   | _   |  |
| 1   | yped or Printed Name   | _   |  |

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