## DDD00130

| (F                                      | Requestor's Name)       |  |  |  |
|---|-------------------------|--|--|--|
| ( <i>f</i>                              | Address)                |  |  |  |
| ( <i>F</i>                              | Address)                |  |  |  |
| (0                                      | City/State/Zip/Phone #) |  |  |  |
| PICK-UP                                 | MAIL MAIL               |  |  |  |
| (E                                      | Business Entity Name)   |  |  |  |
| (Document Number)                       |                         |  |  |  |
| Certified Copies                        | Certificates of Status  |  |  |  |
| Special Instructions to Filing Officer: |                         |  |  |  |
|   |                         |  |  |  |
| :                                       |                         |  |  |  |
|   |                         |  |  |  |

Office Use Only



600374987006

NOA 0 5 3031 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 170804 7644314

AUTHORIZATION :

COST LIMIT : \$\frac{3.5\\0.000\max

ORDER DATE: October 27, 2021

ORDER TIME : 8:42 AM

ORDER NO. : 170804-106

CUSTOMER NO: 7644314

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: VENICE 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 ch  | ange is submitted for a corpo                                   | 502, 617.0502, 607.1508, or 617.1508, Florida Statutes, to oration organized under the laws of the State of FL florida. Fire or registered agent, or both, in the State of Florida.   | this                                    |
|--|---|---|---|
| 1. The name of   | the corporation: VENICE AU                                      | JTO ACQUISITIONS, INC.  |   |
|  |   | COLONIAL DRIVE ORLANDO, FL 32817  |   |
| 3. The mailing   | address (if different):   |   |   |
| 4. Date of incorporation/qualification: 07/18/2014 Document number: P14000061305 |   |   |   |
|  | nd street address of the curren artment of State: (If resigned, | at registered agent and registered office on file with the enter resigned)  |   |
|  | LOWMAN, WILLIAM R., JI  | R., ESQ. SHUFFIELD, LOWMAN & WILSON, PA   |   |
|  | 1000 LEGION PLACE, SU   | UITE 1700   | 207                                     |
|  | ORLANDO   | FL 32801  | 20211:0" - 1                            |
| 6. The name ar<br>(if changed):  |   | egistered agent (if changed) and /or registered office  |   |
|  | Corporation Service Com   | pany  | AN 10: 12                               |
|  | 1201 Hays Street  |   | 12                                      |
|  | P.O. Box NOT acceptable   |   |   |
|  | Tallahassee   | FL 32301  |   |
| The street addr<br>as changed wil  | ress of its registered office a<br>ll be identical.             | nd the street address of the business office of its register  | red agent,                              |
| Such change wanthorized by   | vas authorized by resolution the board, or the corporation      | duly adopted by its board of directors or by an officer so has been notified in writing of the change.  | 0                                       |
| X.:  | e & Cour  | Jill Cilmi, Vice President  |   |
|  | ture of an officer or director                                  | Printed or typed name and title   |   |
| I further agree<br>of my duties, a<br>document is be<br>corporation ha           | to comply with the provision                                    | red agent and agree to act in this capacity.<br>ns of all statutes relative to the proper and complete per<br>scept the obligation of my position as registered agent.<br>change in the registered office address. I hereby confiri<br>this change. | rformance<br>Or, if this<br>on that the |
| By: Dra  | 1 - 1/2 ha  | Jill Cilmi, Vice President  |   |
|  | gnature of Registered Agent                                     | Date  |   |
| If signing on b  | ehalf of an entity:   |   |   |
| Grace E. Kirby   | , Asst. Vice President  |   |   |
|  | Typed or Printed Name   |   |   |

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