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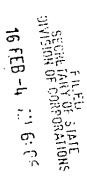
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COVER LETTER

| TO: | Amendment Section |
|-----|-------------------------|
| | Division of Corporation |

SUBJECT: FORTHOTIGHT FINANCE
Name of Corporation

DOCUMENT NUMBER: P15000071234

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:

Paul Rogers

Name of Contact Person

Forthright Finance Inc.

Firm/Company

440 S. State Rd 7.

Address

Plantation, FL 33317

City/State and Zip Code

Paulrogers a Autoshowflorida.

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

COM

For further information concerning this matter, please call:

Name of Contact Person at (954) 484 - 6000

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, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of $FLOP$ |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Forthright Finance, Inc. 2. The principal office address: 440 S. State Rd 7. |
| 2. The principal office address: 440 S. STATE Rd 7. Plantation, FL 33317 |
| 3. The mailing address (if different): |
| |
| 4. Date of incorporation/qualification: 8/25/15 Document number: P15000071234 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Paul Rogers |
| 440 S. State Rd 7. |
| Plantation, FL 33317 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Paul Rogers A Sign |
| 510 S. State Rd 7. |
| PLOIN TATION FL 33317 |
| <u> 1101/101/101/1</u> |
| The street address of its registered office and the street address of the business office of its registered agents 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. |
| Signature of any processor or director Paul Rocets - Own Ct Printed or typed-name and title |
| 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, I hereby confirm that the dorporation has been notified in writing of this change. |
| Signature/of Registered Agent 2 3 LUP Date |
| If signing on behalf of an entity: |
| Forthfigh Finance |
| * * * FILING FEE: \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314