Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Corporations			
	Fax Number	: (850)617-6380		
From:				
	Account Name	: REGISTERED AGENT SOLUTIONS INC		
	Account Number	: I20100000062		
	Phone	: (888)705-7274		
	Fax Number	: (888)706-7274		
		•		
**Enter	the email addres	s for this business entity to be used for future		
anr	ual report mail	ings. Enter only one email address please.**		
	·	•		
Ema	il Address:			

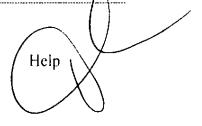
## REGISTERED AGENT CHANGE NATIONAL AUTO CARE INVESTMENTS CORPORATION

Certificate of Status	0
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## COVER LETTER

TO: Amendment Section Division of Corporations

National Auto Care Investments Corporation Name of Corporation P20000045441 DOCUMENT NUMBER: 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: Name of Contact Person Registered Agent Solutions, Inc. 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: 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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

→ 18506176380

	provisions of sections 607.05 ange is submitted for a corpor				
in orde	er to change its registered offi	ce or registered	agent, or bo	th, in the State o	f Florida.
1. The name of	the corporation: Nationa	l Auto Ca	re Inves	tments Co	orporation
2. The principal	office address: C/O NATIO	NAL AUTO	CARE 208	PONTE VED	RA PARK DRIVE
PONTE	VEDRA BEACH,	FL 32082	2		
	address (if different):				
4. Date of incor	poration/qualification: 6/17	7/2020	_ Document	number: P20	000045441
	d street address of the current rtment of State: (If resigned, c		and registere	ed office on file	with the
	CORPORATIO	)N SER\	/ICE C	OMPAN	Υ
	1201 HAYS STREET				
	TALLAHASSEE		FL	32301	<del></del>
					26.
6. The name and (if changed):	d street address of the new reg	gistered agent (if	changed) an	d/or registered	office
	Registered Age	nt Solution	ons, Ind	<b>)</b> .	
	2894 Remington (	Green Ln.	Ste. A		
	Tallahassee	P.O. Box NO FL	1 acceptable 3230	)8	
The street address changed will	ess of its registered office and be identical.	d the street addi	ress of the bu	isiness office of	its registered agent,
Such change wa authorized by th	as authorized by resolution d he board, or the corporation b	uly adopted by nas been notifie	its board of od in writing o	directors or by a of the change.	an officer so
s/ Anton Wanderon		A <u>r</u>	iton Wa		President
hereby accept further agree of fmy duties, an locument is bei corporation has	the appointment as registere to comply with the provision, ad I am familiar with and ac- ing filed merely to reflect a c s been notified in writing of t	s of all statutes rept the obligati hange in the res	ree to act in relative to th	ie proper and c	omplete performance
	مناقع رقام	C	7/22/20	23	
Sig	nature of Registered Agent			Date	
f signing on be	chalf of an entity:				
	er, Assistant Secretary				
T	yped or Printed Name				
	* * * P	TILING FEE: 5	535.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314 CR2E045 (04/13)