Page 1 of 1

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878~5368

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REGISTERED AGENT CHANGE FRIEND TIRE COMPANY

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CT CORPORATION

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COVER LETTER -

TO:	Amendment Section Division of Corporations				
SUBJE	Friend Tire Company				
	Name of Corporation				
DOCU	MENT NUMBER:				
The enc	losed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please r	eturn all correspondence concerning this matter to the following:				
	Stanley K. Coggin				
	Name of Contact Person				
	Friend Tire Company				
	Firm/Company				
	11 Industrial Drive				
Address					
	Monett, MO 65708				
	City/State and Zip Code				
	Stancoggin@friendtire.com				
	E-mail address: (to be used for future annual report notification)				
For furt	ner information concerning this matter, please call:				
	Name of Contact Person at () Area Code & Daytime Telephone Number				
Enclosed	l 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				

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CR2E045 (03/12)

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Stat ganized under the laws of the State of <u>Oh</u> gistered agent, or both, in the State of Flor	nio	
1. The name of	the corporation: Friend Tire Company			
2. The principa	office address: 11 Industrial Drive, Mo			
3. The mailing				
4. Date of incom	rporation/qualification: 7/6/1992	Document number: P39518		<u> </u>
	nd street address of the current registere artment of State: (If resigned, enter resi	ed agent and registered office on file with gned)	the	
	CORPORATION SERVICE COMPAN	4A.	·	
	1201 HAYS STREET		120	
	TALLAHASSEE, FL 32301			
6. The name an (if changed):		agent (if changed) and /or registered office		
	C T Corporation System			ě.,
	c/o C T Corporation System, 1200 Sout	th Pine Island Road Plantation,		
	P.O. Box 1 Florida 33324	NOT acceptable		
	ress of its registered office and the strell be identical.	eet address of the business office of its re		,
authorized by t	the board, or the corporation has been	oted by its board of directors or by an offi notified in writing of the change.	ice: so	
_\X\.c\	nd McCiai	Nichol McCroy, Vice President		
persormance of agent. Or, if the hereby confirm	l my dulies, and I am tamular with an	Printed or typed name and title and agree to act in this capacity, tatutes relative to the proper and comple d accept the obligation of my position as reflect a change in the registered office a d in writing of this change.	registered	
By: And	Xto Ol	9/28/12		
If signing on be	dobute of Plenared Agent ebalf of an entity;	Dute		
	Assistant Secretary			
	Typed or Printed Name			
	* * * FILTNC 1	FFT- 936 00 * * *		

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Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314