Division of Corporations

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JUN 25
1921

To: Division of Corporations

Fax Number : (850)617-6380

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089 Fax Number : (302)674-5266

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dmv@potamkinfamily.com

REGISTERED AGENT CHANGE PLANET AUTOMOTIVE GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JUN 2 8 2021

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

			zed under the laws of the State of Florids red agent, or both, in the State of Florida		
1. The name of	the corporation: Plane	t Automotive Group,	Inc.		
2. The principa Miami, Fl 3301	l office address: 5800 h	W 171st Street			
3. The mailing	address (if different); _	· · · · · · · · · · · · · · · · · · ·			
4. Date of incor	poration/qualification:	08/04/1998	Document number: P98000069066		
5. The name an		current registered age	ant and registered office on file with the		
	David Yurko				
	5800 NW 171st Street				
	Miami, Fl 33015		· .		
6. The name and (if changed):	d street address of the n	new registered agent	(if changed) and /or registered office	A,HASS	
	NRAI Services, Inc.			in di	
	1200 South Pine Island Road				
	P O. Box NOT ecceptable Plantation, Florida 33324				
The street address changed will	ss of its registered off be identical.	ice and the street ad	dress of the business office of its registe	red agent,	
Such change was authorized by th	s authorized by resolute board, or the corpora	ition duly adopted by ation has been notifi	y its board of directors or by an officer s ed in writing of the change.	ю	
She	Rh des	<u>.</u>	John Rhodes, VP		
I hereby accept if further agree to of my duties, and document is being corporation has	the appointment as res of comply with the prov of I am familiar with ar ng filed merely to refle been notified in writin	gistered agent and a visions of all statute. Ind accept the obliga. Ind a change in the re ag of this change.	Printed or typed mains and title gree to act in this capacity, s relative to the proper and complete pe tion of my position as registered agent, egistered office aduress, I hereby confin	rformance Or, if this m that the	
NRAI Services, 1	no fath		\$/23/ 7 021		
Sign	stud of Registered Agent		Dute		
If signing on beh PAHi (alf of an entity:				
Ту	sed or Printed Name				
	•	• • FILING FEE:	\$35.00 * * *		
	MAND CHECKE				

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

By: