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To:

Division of Corporations
Fax Number : (850)617-6380

From:

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 GOLD COAST AUTO MALL, INC.

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S. PRATHER

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

statement of cl	hange is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florids		
		istered agent, or both, in the State of Florida.		
1. The name of	f the corporation: Gold Coast Auto Mall,	Inc.		
2. The principa Miami, Fl 3318	al office address: 21111 S. Dixie Highwa 39	y		
3. The mailing	address (if different):		<del></del>	
4. Date of inco	rporation/qualification: 12/31/1991	Document number: V03119		
<ol><li>The name at Florida Depa</li></ol>	nd street address of the current registere artment of State: (If resigned, enter resig	d agent and registered office on file with the goed)		
	Dzvid Yusko			
	5800 NW 171st Street		ALLA ALLA	2021 JUH
	Miami, Fl 33015		芸	
6. The name an (if changed):	nd street address of the new registered at	gent (if changed) and /or registered office	SSEE. H.	25 AH
	NRAI Services, Inc.		和5	ά
	1200 South Pine Island Road		<u> </u>	ဌ
	P.O. 1	Box NOT ecooptable		
	Plantation, Florida 33324			
as comused wit	i de idendesi.	et address of the business office of its registered ag ted by its board of directors or by an officer so confied in writing of the change.	gent,	
In R	hodow	John Rhodes, VP		
Signat	HE OF ED OFFICER OF EDIFECTION	Prested or typed semin and title	_	
of my duties, ar document is be corporation ha	t the appointment as registered agent of to comply with the provisions of all st nd I am familiar with and accept the ol ing filed merely to reflect a change in a been notified in writing of this chang	and agree to act in this capacity, atutes relative to the proper and complete perform bligation of my position as registered agent. Or, if the registered office address, I hereby confirm that e.	ance f this t the	
NRAI Services,	, inc.	6/23/2021		
Sig	mature of Registered Agent	Date		
	shalf of an entity:			
Ť	yped or Printed Name			
	* * * FIT INC P	TP- \$26 AA + + +		

**FILING FEE: \$35.00** 

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

By: