I hereby certify that the information indicated on this report or supplemental report is true and a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to e above, or on an attachment with all other like empowered.		
SIGNATURE: VICTORIA SCHOPP	PRESIDENT	01/23/2019

SIGNATURE: VICTORIA SCHOPP

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: CLEAR CREEK IN 47426

Electronic Signature of Registered Agent

Officer/Director Detail :

Title VP Title PRESIDENT, DIRECTOR SCHOPP, CURTIS C Name SCHOPP, VICTORIA Name P.O. BOX 300 Address P.O. BOX 300 Address City-State-Zip: CLEAR CREEK IN 47426 City-State-Zip: CLEAR CREEK IN 47426 Title SECRETARY HARDEN, BRENDA Name Address P.O. BOX 300

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET

6755 S OLD SR 37

BLOOMINGTON. IN 47401 US

DOCUMENT# F0500003920

Entity Name: NATIONAL SALVAGE & SERVICE CORPORATION

Current Principal Place of Business:

6755 S OLD SR 37 BLOOMINGTON. IN 47401

Current Mailing Address:

FEI Number: 35-1741803

TALLAHASSEE, FL 32301 US

2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

Certificate of Status Desired: No

Date

FILED Jan 23, 2019 Secretary of State 8021585177CC

Date