F110000000 383

(Re	equestor's Name)			
. (Ad	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
13				

Office Use Only



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09/08/14--01024--021 **35.00

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CRM



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Chelsey Martine cmartin0@cscinfo.com

Date: September 4, 2014

Order#: 266432-015

Re: FALKEN TIRE CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Chelsey Martine c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

	2	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of	
in orde	er to change its registered office or i	registered agent, or both, in the State of	Florida.
1. The name of	the corporation: FALKEN TIRE CO	RPORATION	
2. The principal	office address: 8656 Haven Ave. F	Rancho Cucamonga, CA 91730	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 01/28/2011	Document number: F11000	0000383
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file vesigned)	with the
	C T CORPORATION SYSTEM		# SEC
	1200 South Pine Island Road		AHLIA NE SEE
	Plantation, FL 33324		ကိုသို့ တ် မှု
6. The name and (if changed):		d agent (if changed) and /or registered o	PH 3: 09
	Corporation Service Company		- -
	1201 Hays Street	Nom . II	_
	Taliahassee	ox NOT acceptable FL 32301	
as changed will	be identical.	street address of the business office of its opted by its board of directors or by an en notified in writing of the change.	
Signatu	up of an other or director	Printed or typed name and t	FO
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of all my duties, and I am familiar with		m as registered
By: Acc	mature of Registered Agent	09/03/2014	
	half of an entity:		
Sylvia Queppet	t, Assistant Vice President		
T	yped or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)