BCA 5.10/5.20 (Rev. Jul, 1984)
NFP-105.10/105.20 (Rev. 1986)

Submit in Duplicate

Remit payment in Check or Money
Order, payable to "Secretary of
State".
DO NOT SEND CASH!

JIM EDGAR
Secretary of State
State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT
AND/OR
REGISTERED OFFICE

File #D-65562-123-7

This Space For Use By Secretary of State
Date
Filing Fee $5
Clerk

Pursuant to the provisions of "The Business Corporation Act of 1983", or "The General Not For Profit Corporation Act of 1986", the undersigned corporation hereby submits the following statement.

1. The name of the corporation is _____

    C.C. Austin's Body Shop Supplies II, Inc.

2. The State or Country of incorporation is _____ Will County, Illinois

3. The name and address of its registered agent and its registered office as they appear on the records of the office of the Secretary of State (Before Change) are:

FILED

OCT 20 1989

Secretary of State
Corporation Department

Registered Agent ___ Wynn H. Kempf
_____First Name _____ Middle Name _____ Last Name

Registered Office ___ 15751 Annico Drive
_____Number _____ Street _____ Suite No. (A P.O. Box alone is not acceptable)

Lockport _____ 60441 _____ Cook
_____City _____ Zip Code _____ County

4. The name and address of its registered agent and its registered office shall be (After All Changes Herein Reported):

Registered Agent ___ Wynn H. Kempf
_____First Name _____ Middle Name _____ Last Name

099

Registered Office ___ 15751 Annico Drive
_____Number _____ Street _____ Suite No. (A P.O. Box alone is not acceptable)

Lockport _____ 60441 _____ WILL
_____City _____ Zip Code _____ County

5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

6. The above change was authorized by: ("X" one box only)

    a. ☐ By resolution duly adopted by the board of directors. (Note 6)

    b. ☒ By action of the registered agent. (Note 6)

(If authorized by the board of directors, sign here. See Note 5)
    The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.

Dated _____, 19 ____

_____ (Exact Name of Corporation)

attested by _____
_____(Signature of Secretary or Assistant Secretary)

by _____
_____(Signature of President or Vice President)

_____(Type or Print Name and Title)

_____(Type or Print Name and Title)

(If change of registered office by registered agent, sign here. See Note 6)
    The undersigned, under penalties of perjury, affirms that the facts stated herein are true.

Dated ___ October 6 ___, 19 89 ___ X _Wynn H Kempf_
_____(Signature of Registered Agent of Record)

MAIL TO:

Lowell Ladewig
12201 S. Western Ave.
Blue Island, IL 60406
(708) 388-0540

. DEPT-01 RECORDING $12.25
. T#3333 TRAN 2333 11/27/89 16:10:00
. #0253 # C *-89-563998
. COOK COUNTY RECORDER

-89-563998