## NewCo Corporate Services, Inc.

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May 17, 2002

Secretary of State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

900005638559--5 -05/30/02--01002--003 \*\*\*1455.00 \*\*\*\*\*35.00

RE: Asbury Jax Management L.L.C. et al

Change of Registered Agent

## Dear Sir/Madam:

Enclosed please find Statement of change of Registered Office or Registered Agent or Both for Limited Liability Company, Corporations and Limited Partnerships on behalf of all the entities on the attached list.

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there are any problems, please contact the undersigned immediately at the follownumber 888-336-3926.

Thanking you in advance for your prompt attention to this matter.

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Sincerely yours,

Theresa Festa

Senior Corporate Specialist

CHECK # 14970 - AMOUNT 1,455.00

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

the undersign submits the fo the State of Fi	the provisions of sections 607.0502 sed corporation organized under the ollowing statement in order to chan lorida.	e laws of the State of ge its registered office	Florida	
1. The name of	of the corporation: COGGIN AUTON	MOTIVE CORP.		
2. The mailing	g address of the corporation : P.O. B	ox 16469, Jacksonville	e, FL 32245	
3. Date of inc	corporation/qualification: 1/29/1970	Docur	ment number: 35892	22
4. The name a	and address of the current registered	agent and office:		
	CT CORPORATION SYSTEM		·	, ir
	1200 South Pine Island Road		· · · · · · · · · · · · · · · · · · ·	6. CO
5. The name a	Plantation, FL 33324 and address of the new registered ag	ent (if changed) and/ Not Acceptable)	or registered office	(if Change & T
	NRAI Services, Inc.  526 E. Park Avenue	Tiot Acceptable)		OF STATE
	Tallahassee, FL 32301		-	<i>≅"</i>
The street add	dress of its registered office and the nged, will be identical.	street address of the	e business office of	its registered
Such change authorized by	was authorized by resolution duly a the board.	adopted by its board	of directors or by a  5/-/7/ (Date)	n officer so
Thomas R. Gibs	son, Secretary (Printed or typed name and title)		-	
Having been to corporation, I further agre performance registered ag NRAI Services	Inc. Sola Toliento	accept service of pro registered agent an all statutes relative t h and accept the obl	cess for the above s d agree to act in thi to the proper and co ligation of my positi \( \bigcup_2 2 - 0 2 \) (Date)	is capacity. omplete ion as
If signing on bel	(Signature of Registered Agent)  half of an entity:  IM IMLIE WTO  (Typed or Printed Name)	- ASST.	(Date)  5ECTY.  (Capacity)	

\* \* \* FILING FEE: \$35.00 \* \* \*