## #11010000002022

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K. SALY EXAMINER MAR 8 - 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 549467 7922643

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 27, 2013

ORDER TIME : 9:45 AM

ORDER NO. : 549467-084

CUSTOMER NO: 7922643

## CHANGE OF AGENT

NAME: KP MOTORS L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: KP MOTORS I	J.L.C.
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2905 Premiere Parkway Suite 300 Duluth GA 30097-5240
08/31/2001	M01000002022
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Company  1201 Hays Street
If the limited liability company is not organized under the I that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	t address of the registered office and the business
Dona Priebe, Authorized Person (Printed or typed name of signee)  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	– gree to act in this capacity. I further agree to oper and complete performance of my duties, and as registered agent as provided for in Chapter 60 change in the registered office address, I hereby
confirm that the limited liability company has been notified	i in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)