M1000005393

(Requestor's Name)		
(Ac	ldress)	
(Ac	idress)	
		•
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(D.	-in and Fatile Nice	
. (Ви	isiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		•





000191074730

DEPARTMENT OF STATE ONVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

B. KOHR

JAN 18 2011

EXAMINER

DIVISION OF CORPORATIONS

11 JAN 18 PH 4: 56



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 645430 7809601

AUTHORIZATION

COST LIMIT :

ORDER DATE: January 18, 2011

ORDER TIME : 3:17 PM

ORDER NO. : 645430-054

CUSTOMER NO: 7809601

CHANGE OF AGENT

NAME: AUTO TRUCK GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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 608.5 company submits the following statement in order to chain the State of Florida.	<u></u>
1. Name of the limited liability company: AUTO TRUCK	GROUP, LLC
 (a) Principal office address of limited liability compart (<u>Note: MUST BE STREET ADDRESS</u>) 	ny: 4001 Leadenhall Road Mount Laurel, NJ 08054
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
12/08/2010	M10000005393
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	2731 Executive Park Dr., Suite 4 Weston, FL 33331
	W. 651611, 1 25 25 25 25 25 25 25 25 25 25 25 25 25
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address: Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida strooffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) Blanca Lozada, Authorized Person (Printed or typed name of signee)	cet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
I hereby accent the appointment as registered agent and	garee to act in this capacity. I further garee to
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part am familiar with and accept the obligations of my position. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notification. Service Company. By:	roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, I change in the registered office address, I hereby ed in writing of this change.
(Signature of Registered Agent Sylvia Queppet, Asst. Vice President	

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