

Division of Corporations Electronic Filing Cover Sheet

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FIECEIVED 5 JUL 10 PH 1: 22 CRETAIN OF STATE LAMASSEE, FLORIDE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4 CORNER AUTOMOTIVE GROUP, LLC

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K.SALY EXAMINER JUL 13 2015

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1. N	Tame of the limited liability company: 4 CORNER	AUTOMOTIN	/E GROUP, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a	JULY 1, 2015 Date of filing/registration in Florida MICHAEL S. SINGER, ESQ. Registered Agent and Registered Office shown on the records of	4.	Document number
	Registered Office Address (MUST BE FLORIDA STREET 10144 CALUMET LANE	20	
	LAKE WORTH , FI	L 33467	TIL 10 SECRETARY FALLAHASS
(b) .	Enter name of NEW Registered Agent and/or NEW Registered	FILED CORE PARKY OF STATE LAHASSEE, FLORID	
	NEW Registered Office Address:		—— ROS
	3801 PGA BOULEVARD, SUITE 604		- <u>-</u>
	PALM BEACH GARDENS FI	L 33410	
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered lability compar of the limited l limited liabili	office and the business office of the registered by, it is hereby confirmed that the change(s) lability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	····	Printed or typed name of signee
provis the ob to mer	aby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I all in writing of this change.	ree to act in thi e performance of ed for in Chapti hereby confirm	is capacity. I further agree to comply with the of my dulies, and I am familiar with and accept er 605, F.S. Or, if this document is being filed that the limited liability company has been
Signan	ure of Registered Agent		

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