## 358922

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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ION SERVICE COMPANY						
	ACCOUNT NO.	:	I200000001	95		
	REFERENCE	:	549467	7922643		
	AUTHORIZATION	:	Trel	Eleman		
	COST LIMIT	:	\$ 35.00	Man		
ORDER DATE :	February 27, 201	3				
ORDER TIME :	ORDER TIME : 9:40 AM					
ORDER NO. : 549467-050						
CUSTOMER NO:	7922643					
CHANGE OF AGENT						
NAME: COGGIN AUTOMOTIVE CORP.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX PLAIN STAMPED COPY						
CONTACT PERSON	: Susie Knight	;	EXT# 52956			
			EXAMINER:			

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

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation or				
	gistered agent, or both, in the State of Florida.			
1. The name of the corporation: COGGIN-AUTON	10TIVE-CORP.			
2. The principal office address: 2905 Premier Par	kway NW, Suite 300, Duluth GA 30097			
3. The mailing address (if different):	·			
4. Date of incorporation/qualification: 01/29/1970	Document number: 358922			
<ol><li>The name and street address of the current registere Florida Department of State: (If resigned, enter resigned)</li></ol>	gned)			
NRAI Services Inc.				
515 E. Park Avenue				
Tallahassee FL 32301				
NRAI Services Inc.  515 E. Park Avenue  Tallahassee FL 32301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
Corporation Service Company				
1201 Hays Street				
	NOT acceptable			
Tallahassee, FL 32301				
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered agent,			
Such change was authorized by resolution duly adop authorized by the loapd, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.			
	Dona Priebe, Vice President			
Signature of an officer or director	Printed or typed name and title			
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s performance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to the hereby confirm that the corporation has been notified.	statutes relative to the proper and complete ad accept the obligation of my position as registered reflect a change in the registered office address. I			
By: Signature of Registered Agent	2/26/2013			
Signature of Registered Agent	Date			
If signing on behalf of an entity:				
Sarah Wright, Asst. Vice President				
Typed or Printed Name  * * * FILING FEE: \$35.00 * * *				
1121110				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)