A 23895

(Red	questor's Name)	 _		
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	#)		
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(Bu:	siness Entity Nam	e)		
(Document Number)				
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1. HARRIS

COVER LETTER

	ration Section on of Corporations				
SUBJECT: _			MOTIVE,		
_	Name of Limited Partn	ership or Lim	ited Liability I	Limited Partnership	
DOCUMENT	Γ NUMBER:		A2389	5	
	Statement of Change of I nitted for filing.	Registered (Office and/o	r Registered Agent and	
Please return	all correspondence conce	rning this n	natter to:		
	Ayana T. Lambert, E	Esq.			
	Contact Person				
	Percontee, Inc.				
	Firm/Company				
	11900 Tech Roa	d			
-	Address				
	Silver Spring, MD 20)904			
	City, State and Zip Coc	ie			
	ayana@perconto	ee.com			
E-mail add	ress: (to be used for future ani	nual report no	tification)		
For further in	formation concerning this	s matter, ple	ease call:		
	Ayana Lambert	at (301)_	622-0100	
Name o	of Contact Person	A	rea Code and I	Daytime Telephone Number	
Enclosed is a	\$35.00 check made paya	ble to the F	lorida Depai	tment of State.	
STREET AD	DRESS:		MAILIN	G ADDRESS:	
Registration S	Section	Registration Section			
Division of C	•		Division of Corporations		
Clifton Buildi	_		P. O. Box		
	ve Center Circle		Tallahass	ee, FL 32314	
Tallahassee, I	12 32301				

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	FBC AUT	OMOTIVE, L	TD	
Nam	e of Limited Partnership o	r Limited Liability I.	imited Partnership	
2. 12	2/22/1986	3	A23895	
Date of filing/r	registration in Florida		Florida document n	umber
4. The name of the reg Department of State:	istered agent and the regist	ered office address a	s shown on the record	ds of the Florid
	John	Gudelsky		
		Name		
	425 Mea	dow Lark Drive		
-		Address		
	Saraso	ta, FL 34236		
	City,	State and Zip		· -
5. The name and Florid	da street address of the new	registered agent an	d/or office:	
_	John	Gudelsky		j,. [
_		Name) ;
	1021 Gu	lfStream Way		
_	Florida street addres		eptable)	
_	Singer Isla	,	33404_	
2	City.	State and Zip		
6. Such change(s) is/ar	e effective when filed by the	ne Florida Departme	nt of State.]
- \(\lug-	T) alem			
Signature of General Pa	irtner	0		
	oointment as registered age			
	ions of all stantes/relative an acce pt the obligations of			of my duties
Wei _	1) com		and the second]
Signature of Registered	l Agent	\times		
F::: F	C1Z NA			
Filing Fee: Certified Copy (or	\$35.00 ational): \$52.50			