

A24567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

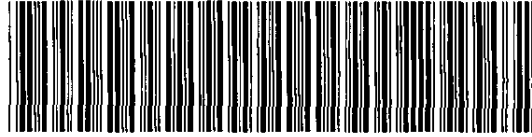
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 08 2013

D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 549467 7922643
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : February 27, 2013
ORDER TIME : 9:37 AM
ORDER NO. : 549467-040
CUSTOMER NO: 7922643

CHANGE OF AGENT

NAME: C & O PROPERTIES, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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TALLAHASSEE FLORIDA

**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. C & O PROPERTIES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/17/1987 3. A24567
Date of filing/registration in Florida Florida document number

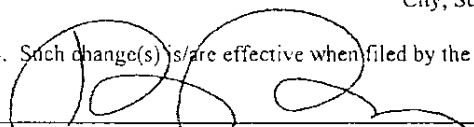
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.
Name
515 E. Park Avenue
Address
Tallahassee FL 32301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner
Dona Priebe, Authorized Person on behalf of Asbury Jax Management, L.L.C., General Partner
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

By: Sarah Wright
Signature of Registered Agent
Sarah Wright, Asst. VP

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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