(Requestor's Name)					
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(Addre	ss)	(10)			
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: INTERAMERICAN MOTOR CORPORATION Name of Corporation						
DOCUMENT NUMBER: F0400000700						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Myra Simmons Name of Contact Person						
Capitol Services Registered Agent Department						
800 Brazos Ste 400 Address						
Austin, TX 78701 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Myra Simmons at (800) 345-4647 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle						

Tallahassee, FL 32301

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

statement of c	e provisions of sections 60 hange is submitted for a co	rporation organized und	ler the laws of the State	of CALIFORNIA		
in ore	der to change its registered	office or registered age.	nt, or both: in the State	of Florida.		
1. The name o	f the corporation: INTER	RAMERICAN M	OTOR CORPO	RATION :		
2. The princip	al office address: 8901 C	anoga Ave				
Canoga	Park, CA 91304	· .				
3. The mailing	address (if different): PO	Box 3939		•		
. Chatsy	vorth, CA 91313			. , . 1		
4. Date of inco	prporation/qualification: 1	<u>/30/2004</u> b	ocument number: F02	1000000700		
5. The name a Florida Der	nd street address of the cur partment of State: (If resign	rent registered agent and ed, enter resigned)	l registered office on file	e with the		
	NRAI Services, Inc). <u> </u>				
	1200 South Pine Island Road					
	Plantation City	FL	33324 Zip Code			
6. The name a (if changed	and street address of the nev	w registered agent (if cha	•	l office		
	155 Office Plaza D	P.O. Box NOT acceptable	·			
	Tallahassee	FL	32301	<u>ت</u> الا		
The street ade	dress of its registered official be identical.	sum e and the street address	Zio Corde	of its registered agent,		
Such change authorized by	was authorized by resoluti the board, or the corporat	on duly adopted by its b	poard of directors or by writing of the change.	an officer so		
<i></i>	ature of an officer or director	د	Printed or typed name ar	CFO.		
I herdby acce I flighter agre flighter mance agent. Or, if hereby confir	pt the appointment as regi te to comply with the provi of my duties, and I am fam this document is being file m that the corporation has	stered agent and agree sions of all statutes rela tiliar with and accept the d merely to reflect a ch s been notified in writin	to act in this capacity. ative to the proper and se obligation of my post ange in the registered to g of this change.	complete tion as registered office address, I		
Du	aru Clex. Signature of Registered Agent a	set sec	8.25-11 Date	4		
If signing on	behalf of an entity:					
Delanie C	ase. Asst. Secretary	on behalf of Capite	ol Corporate Servi	ces, Inc.		

* * * FILING FEE: \$35.00 * *

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

Typed or Printed Name