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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 25, 2017

Order#: 831163-017

Re: AN MOTORS OF DELRAY BEACH, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX __ Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA

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

statement of cha	provisions of sections 607.0502, 6. inge is submitted for a corporation r to change its registered office or	organized under the la	ws of the State of	DELWARE
1. The name of t	the corporation: AN MOTORS OF	DELRAY BEACH, INC	•	
	office address: 200 SW 1st Ave Fl			
3. The mailing a	ddress (if different): 200 SW 1ST	AVENUE 14TH FLOOI	R FORT LAUDE	RDALE, FL 33301
4. Date of incorp	poration/qualification: 07/23/2004	Document	number: F0400	0004234
	I street address of the current regist tment of State: (If resigned, enter t	-	ed office on file v	with the
	BETHEL, ALISON E			_
	200 SW 1ST AVENUE 14TH FLO	DOR		_
	FORT LAUDERDALE	FL	33301	س. خبر
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) an	id /or registered o	7 27 7 TI
	Corporation Service Company			- 100
	1201 Hays Street	M23		
	Tallahassee	ox NOT acceptable	32301	÷ 3
The street addre	ess of its registered office and the be identical.	street address of the bu	siness office of	ts registered agent,
Such change wa	s authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of c en notified in writing o	lirectors or by ar of the change.	ı officer so
		C. COLEMAN I	EDMUNDS	SECRETARY
I hereby accept I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered ago the appointment as registered ago a comply with the provisions of a my duties, and I am familiar with is document is being filed merely in that the corporation has been not n Service Company	ent and agree to act in It statutes relative to th and accept the obligat to reflect a change in t	ne proper and con ion of my position he registered offi	mplete on as registered
By: Drace	· C-Kuble		09/19/2017	
Sign	nature of Registered/Agent		Date	
If signing on be	half of an entity:			
GRACE E. KIR	BY, ASST. VICE PRESIDENT			
Ty	yped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *