Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091

Fax Number

z (770)777-2094

REGISTERED AGENT CHANGE

CAR FINANCIAL SERVICES, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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Corporate Filing.

Public Access Help

((H 05000749/8 3)) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, change is submitted for a corporation organized under the laws of the State of <u>Georgia</u> to change its registered office or registered agent, or both, in the State of Florida.	, this statement of in order
I. The name of the corporation: CAR Financial Services, Inc.	
2. The principal office address: 59 Skyline Drive Suite 1700 Lake Mary FL 32746	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1/11/2005 Document number: F05000000185	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
CT Corporation	_
1200 South Pinc Island Road	
Plantation FL 88324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	05 MAY 27 I
NRAI Services, Inc.	
2731 Executive Park Drive, Suite 4	9: 2 STA:
(P.O. Box or personal mailbox NOT acceptable) Weston, FL 33331	9 A
The street address of its registered office and the street address of the business office of its registered changed will be identical.	tered agent, as
Such change was authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	r so authorized by
Marguerite J. Blatz. Vice Pr	esi,dent
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 project and complete paties, and I am familiar with and accept the obligation of my position as registered agent. Or, being filed merely to reflect a change in the registered office address, I hereby confirm that the complete in writing of this change. NRAI Services, the. by: (Signature of Registered Spent)	
If signing on behalf of an entity:	
Sharon M. Knox Secretary (Capacity)	

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

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

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