

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

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From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number: I2000000195

: (850)521-1000

Phone Fax Number

: (B50)558-1575

REGISTERED AGENT CHANGE

JAMES-RIVARD PONTIAC-GMC, INC.

Certificate of Status	0
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SEP. 20. 2007n10:53AMCHAIC S CIF REGISTERED OFFICE OR REGISTERED AG:NO. 575R BOP. 2 FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Delawateer to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: JAMES-RIVARD PONTIAC-GMC, INC.
	office address: 9740 Adamo Drive, Tampa, FL 33619
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 09/24/1997 Document number: F97000004991
	d street address of the current registered agent and registered office on file with the runent of State:
	Roger Rivard
	9740 Adamo Drive
	Tampa, FL 33619
6. The name and (if changed):	Tampa, FL 33619 ARR ARR ARR ARR ARR ARR ARR ARR ARR A
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so se board, or the corporation has been notified in writing of the change.
y	Agent Civand Phosiodory Chialed or typed name and title)
I hereby accept I further agree t of my duties, an document is bel corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the theen πotified in writing of this change.
By: WCC	Service Company Wille Runny G-19-07 (Date)
If signing on bel	half of an entity:
Michelle R. Vani	noy, Assistant VP
T	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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