## 40300011639

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the Blate of I fortale.	
1. Name of the limited liability company:	Automotive Management, L.L.C.
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	c/o A. Quinn Bell, 10615 Beach Blvd. Jacksonville, Florida 32 46
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Same
04/01/2003	L03000011639
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	John S. Duss, IV, Esq.
Registered Office Address:	Ford, Jeter, Bowlus, Duss, Morgan, et al 10110 San Jose Boulevard Jacksonville, Florida 32257
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Agent:	John S. Duss, IV
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	Duss, Kenney, Safer, Hampton & Joos 4348 Southpoint Boulevard, Suite 101  Jacksonville ,FL 32216
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	
John S. Duss, IV, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter offe, F.S. Or, if this document is being filed address, Thereby confirm that the limited trability confirmation of Registered Agent	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has been notified in writing of this change.
Transiture Office Resident Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00