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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : BLANCO ACCOUNTING, INC.  
 Account Number : 120100010069  
 Phone : (305) 928-1148  
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LLC REGISTERED AGENT CHANGE  
TYRES LLC

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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 605.0114 or 605.0116, 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.

1. Name of the limited liability company: TYRES LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 10415 NW 130TH STREET HIALEAH GARDENS FL 33018 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) P O BOX 822034 PEBROKE PINES FL 33082 05/02/2007 4. L07000046666

3. Date of filing/registration in Florida 4. Document number

5. (a) ORDONEZ SANTANDER

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

911 PASEO ANDORRA Registered Office Address (MUST BE FLORIDA STREET ADDRESS) WEST PALM BEACH FL 33405

(b) BLANCO ACCOUNTING I INC

Enter name of NEW Registered Agent and/or NEW Registered Office address: 2401 WEST 72 STREET SUITE 1 NEW Registered Office Address: HIALEAH FL 33016-1702

16 OCT 11 AM 15:00

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 ALVARO DE PRAT Printed or typed name of signer

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314