08-SEP-08 02:15PM FROM-FASE TO-C.L. 407-843-6610 T-540 P.01/04 F-573

Division of Corporations

H08000044331

Florida Department of State

Division of Corporations

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To:
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Fax Number : (850)617-6380

From:
Account Name : AKERMAN SENTERFITT (ORLANDO)
Account Number : 076656002425
Phone : (407)423-4000
Fax Number : (407)843-6610

RECEIVED
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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

WMF CAR WASH HOLDINGS, LLC

Certificate of Status	0
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M. THOMAS

SEP 10 2008

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WMF CAR WASH HOLDINGS, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FILED
08 SEP -9 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JEREMY S. SLOANE, ESQ.
(Name of Person)

AKERMAN SENTERFITT
(Firm/Company)

420 S. ORANGE AVENUE, SUITE 1200
(Address)

ORLANDO, FL 32801-4904
(City/State and Zip Code)

For further information concerning this matter, please call:

JEREMY S. SLOANE at (407) 423.4000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

(((H08000211115 3)))

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

Pursuant to the provisions of sections 605.0116 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.

1. Name of the limited liability company: WMF CAR WASH HOLDINGS, LLC

2. (a) Principal office address of limited liability company: 2020 POSSON PLACE
(Note: MUST BE STREET ADDRESS) ATLANTA, GA 30317

(b) Mailing address of limited liability company: 2020 POSSON PLACE
(Note: MAY BE POST OFFICE BOX) ATLANTA, GA 30317

JANUARY 11, 2008 — 3. Date of filing/registration in Florida

L08000004331 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: JEREMY S. SLOANE, ESQ.

Registered Office Address: 315 E. ROBINSON ST., SUITE 600
ORLANDO, FL 32801

(b) Enter Name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: JARRAD COX

NEW Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)* 12491 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

FILED
08 SEP -9 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

JEREMY S. SLOANE, AUTHORIZED REPRESENTATIVE
(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.

Jarrad Cox
(Signature of Registered Agent)

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

(NFS18 (05/08)

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