

L11000117080

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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LLC REGISTERED AGENT CHANGE  
INDEPENDENT DEALER'S ADVANTAGE SPE, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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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.

1. Name of the limited liability company: INDEPENDENT DEALER'S ADVANTAGE SPE, LLC

2. (a) Principal office address of limited liability company: 780 Buford Highway  
Building C, Suite 100  
Suwanee, GA 30024  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 780 Buford Highway  
Building C, Suite 100  
Suwanee, GA 30024  
*(Note: MAY BE POST OFFICE BOX)*

10/12/2011  
 3. Date of filing/registration in Florida

LI1000117080  
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
 Registered Agent: PEARSON, LARRY W  
 Registered Office Address: 1845 N. HWY. A1A, #702  
INDIATLANTIC, FL 32903

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
 NEW Registered Agent: CT Corporation System  
 NEW Registered Office Address: 1200 South Pine Island Road  
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

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.

Alison Copelin Esq. Authorized Representative  
 Signature of a member or authorized representative of a member  
Alison Copelin  
 Printed or typed name of signee

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 608, 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.

By: Sierra Burris  
 Signature of Registered Agent Vice President & Assistant Secretary

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

INHS13 (05/08)

FL 601 - 1/14/2012 Whistle Blower or Qui Tam

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