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COVER LETTER

10:	Division of Corporations			
SUBJE	Dealercom, LLC			
00201		e of Limited Liability	/ Company	
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Off	ice Change and fee(s)	are submitted for filing.	
Please r	return all correspondence concerning th	is matter to the follow	ring:	
Micha	el E. Roscoe			
	Name of Person			
Deale	rcom, LLC			
	Firm/Company	all all all 1988 and all all		
7601 N	N. Federal Hwy, # 240A			
	Address	· · · · · · · · · · · · · · · · · · ·		
Boca I	Raton, FL 33487			
	City/State and Zip Code			
ktonko	ovich@digitaldealer.com			
E-	mail address: (to be used for future ann	ual report notification)	
For furt	her information concerning this matter,	please call:		
Kimbe	rly Tonkovich	330 90	68-6959	
	Name of Person		Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314	
Enclosed is a check for the following amount:				
	■ \$25 Filing Fee	□ \$55 Filin	ng Fee & Certified Copy	
INHS18	(2/14)			

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: Dealercom, I	LLC		
2. (a	7601 N. Federal Hwy, # 240A	(b) 887	(b) 8870 Darrow Road	
٠. ر	Principal office address of limited liability company:	(0)	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)	Ot-	(Note: MAY BE POST OFFICE BOX)	
	Boca Raton, FL 33487		F106 PMB 305	
		Twir	nsburg, Ohio 44087	
	May 21, 2013	L130	00074228	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a) Michael E. Roscoe			
٠. (Registered Agent and Registered Office shown on the records o	f the Florida Dept. o	of State:	
	5030 Champion Blvd, # 184		<i>≅</i> ∞ <u> </u>	
	Registered Office Address (MUST BE FLORIDA STREET			
			ABY AD AC	
	Boca Raton	, 33496	(S. S. S	
	,F	L	- 0 PR 179	
(1	Michael E. Roscoe		PMIZ: 31 OF STATE ORIDA	
(.	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	<u></u>	
	7004 N. F. J H. 0404		3	
	7601 N. Federal Hwy, # 240A			
	NEW Registered Office Address:			
	Boca Raton	_L 33487		
	, F	L		
the cagen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited l were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	of the registered in the registered in the limited list of the limited list.	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
		Michael I	E. Roscoe	
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee	
prov the o to m	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complet bligations of my position as registered agent as provid erely reflect a change in the registered office address, l ied in writing of this change.	gree to act in this e performance o ed for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been	
Sign	ature of Registered Agent			
J.	Division of Cornerations P.O.	Rev 62274 Tell	lahassaa ET 22214	

FILING FEE: \$25.00