5/26/2016 10:45:5 Division of Camporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842

Fax Number

: (850)878-5368

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LLC REGISTERED AGENT CHANGE KAR FLORIDA, LLC

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Help

COVER	LETTER
TO: Registration Section	
Division of Corporations	
KAR FLORIDA, LLC	
SUBJECT:	
Name of Limited I	Liability Company
Dear Sir or Madam:	
Who analoged Panistaned Angel M. Jacob Office Office	16.75
The enclosed Registered Agent/Registered Office Change and	i ice(s) are submitted for filling.
Please return all correspondence concerning this matter to the	following:
	
Name of Person	
Firm/Company	
Address	
	<u> </u>
City/State and Zip Code	
E-mail address: (to be used for future annual report noti	fication)
' '	
For further information concerning this matter, please call:	
at (_)
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: M	AILING ADDRESS:
	egistration Section
	vision of Corporations
	O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Illahassee, Florida 32314
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	55 Filing Fee & Certified Copy
INH\$18 (2/14)	

5/26/2016 10:45:53 AM From: To: 8506176383(3/3)

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.

- ,			(b)		
	Principal office address of timited liability company: (Note: MUST BE STREET APPRESS)		(-y.	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	2525 PONCE DE LEON BOULEVARD, SUITE 700			2525 PONCE DE LEON BOULEVARD, SUITE 700	
	CORAL GABLES, FL 33134		CORAL GABLES, FL 33134		
	05/19/2014			14000084468	
	Date of filing/registration in Florida			Document number	
(a)	Registered Agent and Registered Office shown on the records of	<u>-</u>			
			ida D	ept. of State:	
	WEISS SEROTA HELFMAN PASTORIZA COLE & BO				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>\$\$}</u>	= 77	
	2525 PONCE DE LEON BLVD SUITE 700				
	CORAL GABLES , FL	33134		6	
				The Part of the Pa	
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddr	DATE 53	
مين	C T Corporation System			16 MAY 26 PM 1:53 WITH ANASSET FLORIDA 1888:	
	NEW Registered Office Address:				
	1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·			
	Plantation	33324			