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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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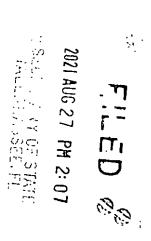
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUB.II	LEHMAN AUTOMOTIVE INVESTMENTS, LL	C
	Name of Limited Lia	ability Company
Dear S	ir or Madam:	
The en	nclosed Registered Agent/Registered Office Change and I	ee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the fo	ollowing:
Cheryl	Wilke	
	Name of Person	_
Lewis	Brisbois	
	Firm/Company	_
110 S.I	E. 6th Street, Suite 2600	
	Address	_
Fort La	auderdale, Florida 33301	
	City/State and Zip Code	_
	.Wilke@lewisbrisbois.com	
ŀ	-mail address: (to be used for future annual report notific	cation)
For fur	rther information concerning this matter, please call:	
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

Na	ime of the limited liability company:LEHMAN AL	ЛОМОТ ——	IVE INVES	STMENTS, LLC
(a)	21400 NW 2nd AVE MIAMI GARDENS, FL 33169	(b	21400 NV	W 2nd AVE MIAMI GARDENS, FL 33169
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/18/2015		1.1500	00048534
	Date of tiling/registration in Florida	4.		Document number
(a)	Andrew S. Brown, Esq.			_
	Registered Agent and Registered Office shown on the records of 20950 NW 2nd Avenue Miami Gardens, FL 33169	the Florida	Dept. of Stat	te:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	j	_
				. 7 1
	FI.	.		- 7/ ₂ / ₂ / ₂
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	52
	Cheryl Wilke			PILED.
	NEW Registered Office Address:			
	110 S.F. 6th Street, Suite 2600			
	Fort Lauderdale, FL	33301		_ _
ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability con of the limi limited li	d office an npany, it is ited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
igna	ture of a member or authorized representative of a member			Printed or typed name of signee
ovisi 2 obl. melle	by accept the appointment as registered agent and agriful spatiales relative to the proper and complete institutes of my position as registered agent as provided by reflected thange in the registered office address, I to world to office address, I to world to office address.	ee to act performa I for in C vereby co	in this cap nce of my hapter 605 nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accepts. F.S. Or, if this document is being filed the limited liability company has been
efiatu	re of Registered Agent			