ACCOUNT NO. : 072100000032

REFERENCE: 476994 4712762

AUTHORIZATION

COST LIMIT

ORDER DATE: November 19, 2001

ORDER TIME: 3:49 PM

ORDER NO. : 476994-005

CUSTOMER NO: 4712762

CUSTOMER: Mr. Joseph Kohler

The Churchill Companies

333 S. 7th Street

#3100

Minneapolis, MN 554022442

CHANGE OF AGENT

NAME: AMERAPARTS INTERNATIONAL,

L.L.C.

800004690348--2

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha_Adams -- EXT# 1131

EXAMINER:

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. The name of the limit	ted liability company is:	Ameraparts	Inter	national,	L.L.	c
	of the limited liability cor					
_	Capital, Inc.; 333 S					
09/22/98		т.	00000	01052		
3. Date of filing/registra	<u>L98000001952</u> 4. Document number					
o. Davo or ming region.			200411101	10 1111111001		
5. The name of the regis Florida Department of	tered agent and the register f State:	ered office addr	ess as sho	own on the re	cords of	the
	Mr. P.E. Mulvih	*				
	Ameraparts Inte	Name ernational.	L. L. C.			
		Address				
	Bldg. 103, Ste.		ury 21	Office C	enter	
	City, S Jacksonville FI	tate and Zip				
6. The name and address	s of the new registered age		e:			
	Corporation Ser	ciriao Compo			;	
			X		ALC 338	<u> </u>
	1201 Hays Street				≥ ₩	10
	Florida street address		acceptab	le)	AS. RATI	01 NOV 20
	Tallahasse,			,	933 7	3.
	-	FL 3230	11		12 S	<u>ب</u> د و
	City, St	tate and Zip			87	0:
confirmed that after the and the business office of liability company, it is h of the members of the liab or the operating agreement.	White	ide, the Florida: I be identical. (change(s) was/vor as otherwise period company.	street add Or, in the o were autho	ress of the re case of a Flor orized by an a	gistered ida limi affirmati	office ited ive vote
(Signature of a member or auth	orized representative of a member	(1)			•	
Toseph G. Ka (Printed or typed name of signs	PHLER ce)					-
	ointment as registered ago ps of all statutes relative nd accept the obligations this document is being fi n that the limited liability	ent and agree to to the proper ar of my position i led to merely re company has b	o act in the nd comple as register flect a ch been notifi	is capacity. I te performan red agent as j ange in the re ed in writing	further ce of my provided egistered of this c	agree to duties, for in office change.
4	SIAN COURTNEY, AS					
/ // Divisi	on of Corporations, P.O). Box 6327, Ta	llahassee	, FL 32314		
¥ = - ·	, ~ • •	,				

FILING FEE: \$25.00

INHS18(10/99)