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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 549455 7922643

AUTHORIZATION :(

COST LIMIT

ORDER DATE: February 27, 2013

ORDER TIME : 10:06 AM

ORDER NO. : 549455-001

CUSTOMER NO: 7922643

CHANGE OF AGENT

NAME: AF MOTORS, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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.

l Name of the limited-liability company: _AF_MOTORS	,L.L.C
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2905 Premiere Parkway Suite 300 Duluth GA 30097-5240
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2905 Premiere Parkway Suite 300 Duluth GA 30097-5240
10/27/1999	M0000000149
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. of State: NRAI Services, Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited Hability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business \(\frac{\pi}{2}\)
Dona Priebe, Authorized Person (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifie	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
By: Such Which (Signature of Registered Agent) Corporation Service Company	Sarah Wright, Asst. VP
Division of Corporations, P.O. Box	x 6327, Tallahassee, FL 32314

FILING FEE: \$25.00