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MAR 08 2013 D. BRUCE



ACCOUNT NO. : I2000000195

REFERENCE : 549467

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: February 27, 2013

ORDER TIME : 9:13 AM

ORDER NO. : 549467-014

CUSTOMER NO: 7922643

CHANGE OF AGENT

NAME: ASBURY DELAND IMPORTS 2,

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.

in the state of 1 tortal.		
-1-Name of the limited liability company: ASBURY DEI	LAND IMPORTS-2, L.L.C.	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		
	Duluth GA 30097	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2905 Premier Parkway	
	Suite 300	
	Duluth GA 30097	
· · · · · · · · · · · · · · · · · · ·		
03/09/2000	M0000000461	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	515 E. Park Avenue	
Registered Office Address.	Tallahassee FL 32301	
	<u> </u>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>		
NEW Registered Agent: NEW Registered Office Address:		
	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301 7	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed address of the registered office and the business ase of a Florida limited liability company at 15	
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 pr am 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 notified	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and l 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 Weight	Sarah Wright, Asst. VP	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)