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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary rivers@cscqlobal.com

Date: September 25, 2017

Order#: 831163-027

Re: AUTONATION CORPORATE MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.

i. :	Name of the limited liability company: AUTONATION	ON CORPORATE MANAGEMENT, LLC	
2. (a	a)	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	200 SW 1ST AVE. 14TH FLOOR	200 SW 1ST AVE. 14TH FLOOR	
	FT LAUDERDALE FL 33301	FT LAUDERDALE, FL 33301	
	12/12/2001	M01000002766	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)BETHEL, ALISON E		
	Registered Agent and Registered Office shown on the record	s of the Florida Dept, of State:	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	200 SW 1ST AVENUE 14TH FLOOR	<u>.</u> .	
	FORT LAUDERDALE	FL 33301	
(b	Corporation Service Company		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registr</u>	cred Office address:	
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee	FL_32301	
the clagent was/v	hange or changes are made, the Florida street address t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membe articles of organization or the operating agreement of	laws of the State of Florida, it is hereby confirmed that afters of the registered office and the business office of the registed liability company, it is hereby confirmed that the change(s) rs of the limited liability company or as otherwise provided it the limited liability company.	ered
	/S/ C. COLEMAN EDMUNDS	C. COLEMAN EDMUNDS, AUTHORIZED SIGNER	
I her provide the or notification of the original origina	nature of a member or authorized representative of a member reby accept the appointment as registered agent and isions of all statutes relative to the proper and complibilizations of my position as registered agent as proverely reflect a change in the registered office address and in writing of this change. Or a Change Agent Corporation Service Compan	Printed or typed name of signee agree to act in this capacity. I further agree to comply with ete performance of my duties, and I am familiar with and acc ided for in Chapter 605, F.S. Or, if this document is being fi i, I hereby confirm that the limited liability company has been	the cept led
.,,,,,,,,,	or errors reem Corporation Service Compan	y BY: Grace E. Kirby, Asst. Vice President	

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