M02000001254

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SECRETARY OF STATE
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ON SERVIDE DUMPART								
	ACCOUNT NO.	:	0721000000	32				
	REFERENCE	:	651166	7561519				
	AUTHORIZATION	:	Levell of					
	COST LIMIT	:	\$25.00	enan 25 92				
ORDER DATE :	December 8, 2006			CORE TO				
ORDER TIME :	9:44 AM			SSEE O				
ORDER NO. :	651166-025			F ST F				
CUSTOMER NO:	7561519			ATE				
	. 			y				
CHANGE OF AGENT								
NAME:	AUTOMOTIVE FL	EET	RESOURCES,					
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:				
	FIED COPY STAMPED COPY							
CONTACT PERSON	I: Heather Chapm	an						

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.

1. The name of the limite	ed liability company i	s: AUTOMOT	IVE FLEET RESO	URCES, LLC		
2. The mailing address o	f the limited liability	company is:	2525 Covington P	ike		
Memphis, TN 38128			<u>-</u>			
May 10, 2002			M02000001254			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the register Florida Department of		gistered office	address as show	n on the records of the		
	NI	RAI Services, Inc				
		Name		7 7 0		
	2731 Exe	cutive Park Drive	, Suite 4			
		Address		TI LAHAN I		
		eston, FL 33331		_ 57		
	Cit	y, State and Z	ip	SSRY		
6. The name and address	of the new registered	agent and/or	office:	PH 4: 42 RY OF STAT		
Corporation Service Company						
	12	Name 201 Hays Street		- RIDA		
	Florida street addre	<u> </u>	NOT acceptable	- e) ·		
	Tallahassee	FL	32301			
		, State and Zip	***			
and the business office of liability company, it is he of the members of the fin or the operating agreeme	f the registered agent reby confirmed that the mited liability compared of the limited liabi	will be identic the change(s) v ny or as otherv lity company.	al. Or. in the ca	of Florida, it is hereby ess of the registered office ase of a Florida limited ized by an affirmative vote the articles of organization		
(Signature of a member or autho	rized representative of a mer	mber)				
(Printed or typed name of signee	WAL CHE	- AMAG	EL			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	pintment as registered ns of all statules relai nd accept the obligati this document is bein n that the limited liab	l agent and ag tive to the proi ons of my posi g filed to mere lity company	ree to act in this per and complet tion as registere by reflect a chai has been notifie	s capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.		
(Signature of Registered Agent)	R. Wannoy, Ass	$\frac{\nu_{\lambda}}{\lambda}$		-		

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