

M020000001254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 MAY 11 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. C. ~~2010~~ MAY 11 2 2010

**To: FL  
Corporation Division.**

**Re: Automotive Fleet Resources, LLC**

Enclosed please find one Statement of Change form and a check for \$25.00 for the filing fee.

If there are any questions regarding this filing please call Lara Kleinheinz at 1-866-924-9247 ext. 225

**Please return all completed documents to:**

CTProComply  
Attn: Filing Department  
8040 Excelsior Drive, Suite 200  
Madison, WI 53717

Best Regards,

Filing Department  
CTProComply

**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. Name of the limited liability company: Automotive Fleet Resources, LLC

2. (a) Principal office address of limited liability company: 2525 Covington Pike

☒ (Note: **MUST BE STREET ADDRESS**) Memphis, TN 38128

(b) Mailing address of limited liability company: 2525 Covington Pike

☒ (Note: **MAY BE POST OFFICE BOX**) Memphis, TN 38128

3. Date of filing/registration in Florida 5/10/2002

4. Document number M02000001254

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent: CORPORATION SERVICE COMPANY

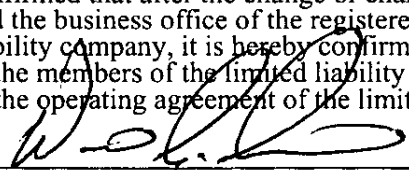
Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: C T Corporation System

**NEW** Registered Office Address: 1200 South Pine Island Road  
**(MUST BE FLORIDA STREET ADDRESS)** Plantation, FL 33324


If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Bill Lanier, Member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent  
Mark Williams, AVP, C.T. Corporation System

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00