mo 7000002455

| • |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| MAIL WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| A. LUNT |
| NOV 13 2012 |
| |

Office Use Only



900240662699



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE: 414037 7902973

AUTHORIZATION :

COST LIMIT : \$ 25/00/

ORDER DATE: November 9, 2012

ORDER TIME : 10:06 AM

ORDER NO. : 414037-008

CUSTOMER NO: 7902973

CHANGE OF AGENT

NAME:

AUTOMOBILI LAMBORGHINI

AMERICA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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. Name of the limited liability company: <u>AUTOMOBIL</u> | LI LAMBORGHINI AMERICA, I | LLC | |
|---|--|--|--|
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | y: 2200 Ferdinand Porsche Drive Herndon, VA 20171 | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | ZIIZ MIY | |
| 04/27/2007 | M07000002455 | | |
| 3. Date of filing/registration in Florida | 4. Document number | SSE do [| |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of | | |
| Registered Agent: | CT Corporation System | LOSIA N | |
| Registered Office Address: | 1200 South Pine Island Road Plantation FL 33324 | | |
| | | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| NEW Registered Agent: | Corporation Service Company | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street | | |
| | Tallahassee ,F | L 32301 | |
| 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. Matter | | | |
| (Signature of a member or authorized representative of a member) | _ | | |
| Maureen Cathell, 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 furt oper and complete performance o I as registered agent as provided f change in the registered office add d in writing of this change. | 'her agree to f my duties, and I or in Chapter 608, dress, I hereby | |
| By: Drown to Kindly (Signature of Registered Agent) Corporation Service Company | | | |
| Grace E. Kirby, AVP Division of Corporations, P.O. Box | x 6327, Tallahassee, FL 32314 | | |
| Dividion of Corporations, 1101 Do | ,, | | |

FILING FEE: \$25.00

INHS18 (05/08)