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CORPORATION S'ERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

439163

AUTHORIZATION

COST LIMIT

ORDER DATE: November 30, 2012

ORDER TIME : 2:21 PM

ORDER NO. : 439163-010

CUSTOMER NO: 7902973

CHANGE OF AGENT

NAME: HAMLIN SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

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: HAMLIN AG	ENCY, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	2: 3800 Hamlin Road Auburn Hills, MI 48326	<u></u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		HORELARY
10/12/2007 3. Date of filing/registration in Florida	M07000006191	OF STAT
3. Date of filing/registration in Florida	4. Document number	Bri I
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	CT Corporation System	_
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee ,FL 32301	
If the limited liability company is not organized under the latter the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. Maure attel	t address of the registered office and the buase of a Florida limited liability company.	isiness it is
(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 proam 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	gree to act in this capacity. I further agree oper and complete performance of my dutie as registered agent as provided for in Cha change in the registered office address, I he I in writing of this change.	to es, and I pter 608, ereby
By: Drozet-Kirby (Signature of Registered Agent)		
(Signature of Registered Agent) Corporation Service Company Grace E. Kirby, AVP	COOT Tallaharan EV 20014	
Division of Corporations, P.O. Box 6327, Tallahassec, FL 32314		

FILING FEE: \$25.00