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SECRETARY OF STATE
DIVISION OF CORPORATION

JUN 1'5 2012 T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 227588 5169741

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 4, 2012

ORDER TIME : 2:21 PM

ORDER NO. : 227588-246

CUSTOMER NO: 5169741

CHANGE OF AGENT

NAME: ONSTAR, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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 lia	ability company: ONSTAI	R,LLC
	dress of limited liability cor E STREET ADDRESS)	mpany: 400 Renaissance Center M/C 482-D39-B32 Detroit, MI 48265
(b) Mailing address of (Note: MAY BE	limited liability company: POST OFFICE BOX)	400 Renaissance Center M/C 482-D39-B32 Detroit, MI 48265
01/15/2009		M09000000206
3. Date of filing/registration	on in Florida	4. Document number
5. (a) Registered Agent	and Registered Office show	on on the records of the Florida Dept. of State:
Registered Agent:		C T Corporation System
Registered Office	Address:	1200 South Pine Island Road Plantation, FL 33324
NEW Registered	Agent:	r NEW Registered Office address: Corporation Service Company 1201 Hays Street
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR		
that after the change or change of the registered ago	anges are made, the Florida ent will be identical. Or, in change(s) was/were authori herwise provided in the artic	r the laws of the State of Florida, it is hereby confirmed a street address of the registered office and the business the case of a Florida limited liability company, it is ized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the so
Maureen Cathell, Authori (Printed or typed name of signee)	zed Person	AH IO:
I hereby accept the appoing comply with the provision am familiar with and accept. S. Or, if this document confirm that the limited lie by: (Signature of Registered Agent) Elizabeth A. Dawso	s of all statutes relative to the obligations of my posits being filed to merely refleability company has been not be the company has been not been not been also be the company has been not be	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I sitton as registered agent as provided for in Chapter 608, ect a change in the registered office address, I hereby of this change.
Divi	sion of Corporations, P.O.	. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00