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NAME:

DEALER FUNDING LLC

TYPE OF FILING: CHANGE OF AGENT

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AUTHORIZATION: ABBIE/PAUL HODGE Obbie

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT ORCH ED BOTH FOR LIMITED LIABILITY COMPANY Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned Philips Via Parties of Statutes and Statutes are undersigned Philips Via Parties of Plorida.

1. Name of the limited liability company:

DEALER FUNDING LLC

DEALER FUNDING LLC 2. (a) Principal office address of limited liability company: 1725 Windward Concourse, Suite 400 (Note: MUST BE STREET ADDRESS) Alpharella, GA 30005 1725 Windward Concourse (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 400 Alpharella, GA 30005 January 15, 2009 M09000000216 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Corporation Service Company Registered Agent: 1201 Hays Street Registered Office Address: Tallahassee, FL 32301-2525 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: National Corporate Research, Ltd., Inc. **NEW** Registered Agent: 155 Office Plaza Drive **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Tallahassee FL 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. byr or authorized representative of a member William 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 605, 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 Lucy Rose, Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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