MOQUOCOCS123

(Re	questor's Name)	
(Ad	dress)	- i -
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	<u> </u>
(Do	cument Number)	
Certified Copies	Certificates of	Status
	_	
		<u> </u>
Special Instructions to	Filing Officer:	
<u> </u>		
	Office Use Only	



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary rivers@cscglobal.com

Date: September 25, 2017

Order#: 831163-029

Re: AUTONATION FINANCIAL SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I torru	1 ¹⁴ .				
1. N	ame of the limited liability compan	: AUTONATION	FINANCI	AL SERVICES, LLC	
2. (a)			(b)	
	Principal office address of limited (Note: MUST BE STREET			Mailing address of limite (Note: MAY BE POS	• • •
	200 S.W. 1ST AVENUE, 14TI	1 FLOOR	<u> </u>	200 S.W. 1ST AVENUE, 14T	TH FLOOR
	FT. LAUDERDALE	FL 33301	_	FT. LAUDERDALE, FL 3330	11
	12/31/2009	1	- -	M09000005123	
3.	Date of filing/registration	in Florida	4.	Document number	
5. (a)	BETHEL, ALISON E	1			
(-)	Registered Agent and Registered Office sl	nown on the records of	the Florida	Dept. of State:	
	Registered Office Address (MUST BE	FLORIDA STREET	ADDRESS,	<u></u>	
	200 S.W. 1ST AVENUE, 14TH	FLOOR			SE 1
	FT. LAUDERDALE	, FL	33301		Z SEI
(b)	Corporation Service Company	1			SEP 26
	Enter name of NEW Registered Agent ar	d/or <u>NEW Registered</u>	Office add	lress;	
	1201 Hays Street			ירטא	MH 7:54
	NEW Registered Office Address:				
					
	Tallahassee	, FL	32301		
the cha agent v was/w	imited liability company is not orgation and company is not orgation. It is not orgation or changes are made, the Florid will be identical. Or, in the case of the authorized by an affirmative voticles of organization or the operating	la street address of a Florida limited lia e of the members o	the regis ability co of the limi	tered office and the business of mpany, it is hereby confirmed t ited liability company or as oth	ffice of the registered that the change(s)
	/S/ C. COLEMAN EDMUN	ı <u>d</u> s	C. C	OLEMAN EDMUNDS, AUTHO	RIZED SIGNER
Signa	ture of a member or authorized representati	ve of a member		Printed or typed name of	of signee
provisi the obl to mer	by accept the appointment as regist- ions of all statutes relative to the pri ligations of my position as registere elv reflect a change in the registered d in wriging of this change.	ered agent and agr oper and complete d agent as provided d office address. I f	ee to act performa I for in C iereby co	in this capacity. I further agre ince of my duties, and I am fam hapter 605, F.S. Or, if this doc infirm that the limited liability o	e to comply with the tiliar with and accept cument is being filed company has been

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President