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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.

	ame of the limited liability company: <u>Automotiv</u> 2791 Research Drive, Rochester Hills, MI 48309	e Media LLC		2791 Research Drive, Rochester Hills, MI 48309
2. (a)	Principal office address of limited liability compa (Note: MUST BR STREET ADDRESS)		(ኮ) _	Mailing address of limited liability company: (Note: MAY <u>BR POST OFFICE BOX</u>)
	12/20/2010		Ň	110000005675
3.	Date of filing/registration in Florida NRAI SERVICES, INC	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the rece 1200 South Pine Island Road Registered Office Address (MUST BB FLORIDA ST			Rept. of State:
	Plantalion	FL_33324	_	
(b)	C T Corporation System			-<
	Eater name of <u>NEW Registered Agent</u> and/or <u>NEW Rep</u>	intered Office a	<u>di</u> r	ES :
	NEW Registered Office Address: 1200 South Pine Island Read	··· •		
	Plantation	. FL ³³³²⁴		
the chai agent w was/we the artic Signat <i>I hereb</i> provisit to mere notified C(1 Cur By:	imited liability company is not organized under a nge or changes are made, the Florida street addr vill be identical. Or, in the case of a Florida limit authorized by an affirmative vote of the mem cles of organization or the operating agreement of the of a member or authorized representative of a member by accept the appointment as registered agent and one of all statutes relative to the proper and com leations of my position as registered office addre by reflect a charge in the registered office addre in writing of this change. The position of the addre in writing of this change.	ess of the reg ited liability (bers of the lin of the limited	iste commitu lia Lia Lia Lia Lia Lia Lia Lia Lia Lia L	red office and the business office of the registere pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in bility company.
	Division of Corporations+ I	P.O. Box 632 NG FEE: \$2		

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