

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 : (561)694-1639 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE GROUPCARS MANAGEMENT, LLC

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"B. BOSTICK

OCT 3 0 2013

EXAMINER 10/29/13 3:51 PM

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: GROUPGARS	MANAGEMENT, LLC		
A. 7 S. 28 C. C. S. 200 13			
2. (a) Principal office address of limited liability com			
(Note: MUST BE STREET ADDRESS)	COLLIERVILLE, TN 38017		
(b) Mailing address of limited liability company:	1257 OAK LAKE COVE		
(Note: MAY BE POST OFFICE BOX)	COLLIERVILLE, TN 38017		
		<u> </u>	
02/13/2013	M13000000959		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Flori	da Dept. of State:	
Registered Agent:	NRAI SERVICES, INC	ين الله الله الله الله الله الله الله الل	
		5	
Registered Office Address:	1200 South Pine Island Road		
	Plantation, FL 33324	5. 72	
		<u></u>	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office a	ddress: o	
NEW Registered Agent:	Corporate Creations Network	Inc. 2	
NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
(MUST BE FLORIDA STREET ADDRESS)	11380 Programity Forms Road	11380 Prosperity Farms Road #221E	
MODI DE ABORDA DI ROSA TIDENCOS	Palm Beach Gardens	FL 33410	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as oth the operating agreement of the limited liability company. Signaphre of a member of authorized representative of a member of a member of authorized representative of a member of a	the Florida street address of dentical. Or, in the case of ge(s) was/were authorized be erwise provided in the artically. The density of the capa of the proper and complete perfect of the proper and complete perfect of the capa of the proper and complete perfect of the capa of the	the registered office a Florida limited by an affirmative vote of les of organization or	
Schaufe of Registered Agent Kristine Roy. Special Sci	•	•	
Division of Corporations, P.O. Bo FILING FE		2314	

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