1113000001455

(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
1	

Office Use Only



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10/15/13--01049--023 **25.00

2013 OCT 15 AM 10: 47

J. SAULSBERRY EXAMINER

OCT 1 7 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese kboese@cscinfo.com

Date: October 10, 2013

Order#: 823246-015

Re: AUTO TRAKK, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Katie Boese

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

QUCA.XCOA

2013 OCT 15 AM 10: 47

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.

I. Na	me of the limited liability company: AUTO TRAKK, I	.L.C.		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	r: 1500 Sycamore Rd Ste 200		
		Montoursville, PA	17754	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
03/28	/2013	M13000001955		
B. Da	ite of filing/registration in Florida	4. Document number	**************************************	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of St				
	Registered Agent:	Business Filings Incorporated	3 2	
	Registered Office Address:	515 E. Park Ave Tallahassee, FL 32301	- # 3	
			4. OI	
(b)	Enter name of NEW Registered Agent and/or NE	W Registered Office address		
	NEW Registered Agent:	Corporation Service Company	<u> </u>	
	NEW Registered Office Address: (MUST_BE FLORIDA STREET ADDRESS)	1201 Hays Street	<u>**</u>	
	MOST BE L'EURIDA STREET ADDRESS	Tallahassee	,FL 32301	
onfir ind the iabili he mand he op	limited liability company is not organized under the limed that after the change or changes are made, the Flue business office of the registered agent will be ident ty company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the regical. Or, in the case of a Flori	istered office da limited	
	e of a member or authorized representative of a member			
	LOBELT MALCOLM	_		
I here compi ind I Chapi addre	or typed name of signee Property accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro- am familiar with and accept the obligations of my po- ter 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. I per and complete performant sition as registered agent as p rely reflect a change in the re p has been notified in writing to	further agree to se of my duties, poistered for in gistered office of this change.	
By: Signati	are of Registered Agent Corporation Service Company	Sylvia Queppet, Asst. VP		
	Division of Corporations, P.O. Box 63	•		

FILING FEE: \$25.00