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(Address)

(City/State/Zip/Phone #)

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2014 FEB -7 AM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Automotive Keys Controls, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Shrader

Name of Person

ADESA, Inc.

Firm/Company

13085 Hamilton Crossing Blvd.

Address

Carmel, IN 46032

City/State and Zip Code

cshrader@adesa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Shrader at ( 317 ) 249-4217  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED  
2014 FEB -7 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Automotive Keys Controls, LLC
2. Jurisdiction of its organization: Indiana
3. Date authorized to do business in Florida: 1/27/14

**SECTION II (4-7 complete only the applicable changes)**

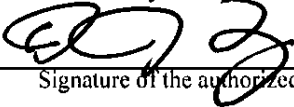
4. New name of the limited liability company: Automotive Key Controls, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
n/a

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: n/a

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Paul J. Lips, Executive Vice President

Typed or printed name of signee

**Filing Fee: \$25.00**

2014 FEB -7 AM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**INDIANA SECRETARY OF STATE  
BUSINESS SERVICES DIVISION  
CORPORATIONS CERTIFIED COPIES**

INDIANA SECRETARY OF STATE  
BUSINESS SERVICES DIVISION  
302 West Washington Street, Room E018  
Indianapolis, IN 46204

<http://www.sos.in.gov>

February 06, 2014

Company Requested: AUTOMOTIVE KEY CONTROLS, LLC

Control Number: 2013112700064

Date	Transaction	# Pages
01/28/2014	Articles of Amendment	2



State of Indiana  
Office of the Secretary of State

I hereby certify that this is a true and  
complete copy of this 2 page  
document filed in this office.

Dated: February 06, 2014  
Certification Number: 2014020690552

*Connie Lawson*

Connie Lawson  
Secretary of State

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF AMENDMENT  
of**

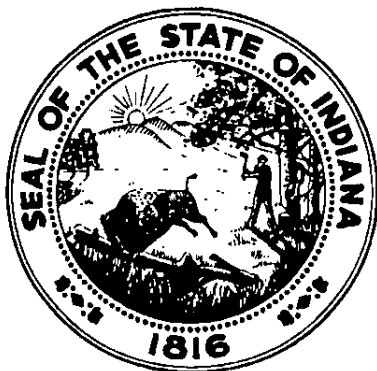
**AUTOMOTIVE KEYS CONTROLS, LLC**

I, Connie Lawson, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company (LLC) has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

**AUTOMOTIVE KEY CONTROLS, LLC**

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, January 28, 2014.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 28, 2014

*Connie Lawson*

CONNIE LAWSON,  
SECRETARY OF STATE

2013112700064 / 2014012800426

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

RECEIVED 01/28/2014 11:32 AM

APPROVED AND FILED  
CONNIE LAWSON  
INDIANA SECRETARY OF STATE  
1/28/2014 11:33 AM

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**ARTICLES OF AMENDMENT**

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Formed pursuant to the provisions of the Indiana Business Flexibility Act.

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**Article I - ENTITY NAME**

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AUTOMOTIVE KEYS CONTROLS, LLC

The name following said transaction will be:  
AUTOMOTIVE KEY CONTROLS, LLC

Creation Date: 11/26/2013

13085 HAMILTON CROSSING BLVD., CARMEL, IN 46032

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**REGISTERED OFFICE AND AGENT**

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CORPORATION SERVICE COMPANY  
251 EAST OHIO SUITE 500, INDIANAPOLIS, IN 46204

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**GENERAL INFORMATION**

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What is the latest date upon which the entity is to Perpetual  
dissolve?:

Who will the entity be managed by?: Managers

Effective Date: 1/28/2014

Electronic Signature: MICHELLE MALLON

Signator's Title: VP & SECRETARY

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

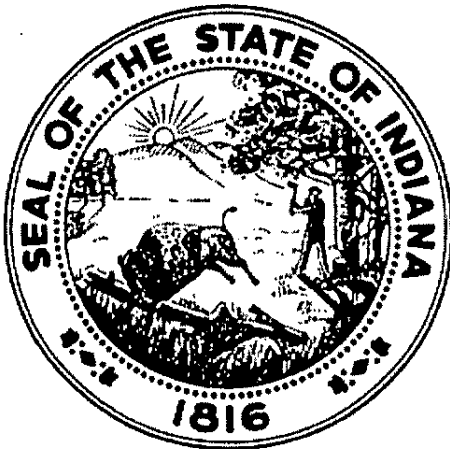
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**AUTOMOTIVE KEY CONTROLS, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 26, 2013, and was in existence or authorized to transact business in the State of Indiana on February 03, 2014.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Third Day of February, 2014.

*Connie Lawson*

Connie Lawson, Secretary of State

2013112700064 / 2014020389560