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COVER LETTER TO: Registration Section Division of Corporations AUTO FINANCE GROUP, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTY MENDOZA Name of Person FILEJET INC. Firm/Company 10440 PIONEER BLVD, STE, 8 Address SANTA FE SPRINGS, CA 90670 City/State and Zip Code REGISTEREDAGENT@FILEJET.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTY MENDOZA Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

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.

1. N	ame of the limited liability compa	ny: AUTO FINAN	CE GROUP.	LLC			
2. (a)		•	(b)				
~. (u)	Principal office address of 1 mi (Note: MUST BE STRE		(0)	M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	911 MAIN STREET, STE. 330			911 MAIN :	STREET, STE. 330		
	VANCOUVER, WA 98660		VANCOUVER, WA 98660				
	09/02/2022		,	4220000137	777		
3.	Date of filing/registrati	on in Florida	4,	I	Document number		
5. (a)						
J. (u)	Registered Agent and Registered Offic CORPORATION SERVICE COM		of the Florida	Dept. of State:	:		
	Registered Office Address (MUST	BE FLORIDA STREE	T ADDRESS)				
	1201 HAYS STREET						
	TALLAHASSEE	,	FL_32301-25	25		22 00	#
						<u> </u>	(출)년 - 오토
(b)	Enter name of NEW Registered Agen	t and/or NEW Register	ed Office add	TPCL.		2 -	82.5 81.5
	isince name or into w regimered agen	diam'r iter itegiate	to come and	· · · · · ·		>	수11 - 유
	FILEJET INC.					7: 5	GKI CRANIO
	NEW Registered Office Address:				•	_	<i>∓</i>
	625 E TWIGGS ST., STE 110						
	ТАМРА		FL 33602-39	31			
10.3	11 1. 111 1.11	· · · · · · · · · · · · · · · · · · ·		S		~ ,	
chang agent was/w	limited liability company is not of the or changes are made, the Florid will be plentical. Or, in the case were authorized by an affirmative tidles of organization of the operation.	a street address of t of a Florida limited vote of the member	he registered liability con s of the limi he limited li	d office and upany, it is ted liability	I the business offic hereby confirmed company or as otl	e of the r	egistered change(s)
Sign	nature of a member of authorized represer	ntative of a member	Printed or typed name of signee				
provis the ol- to me	eby accept the appointment as resistons of all statutes relative to the bligations of my position as registerly reflect a change in the register of my position as registerly reflect a change in the register of the change.	istered agent and a proper and comple ered agent as provi cred office address,	igree to act de performa ded for in C I hereby co	in this capa nce of my d hapter 605, nfirm that t	icity. I further agri luties, and I am far F.S. Or, if this do he limited liability	ee to com niliar wit ocument i company	iply with the h and accept is being filed has been
Signal	ture of Registered Agent						