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March 19, 1999

## Via Federal Express

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

200002813602--4. -03/22/99--01101--010---\*\*\*\*\*35.00 \*\*\*\*\*\*35.00...

Re:

USAuto Finance LLC and

Reliant Auto Financing & Rentals, Inc.

Dear Sir or Madame:

With respect to USAuto Financing LLC, enclosed please find a Statement of Change of Registered Agent, along with this firm's draft in the amount of \$35.00 for this service.

With respect to Reliant Auto Financing & Rentals, Inc., enclosed please find: (1)
Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, (2) a certificate of good standing from Maryland, (3) Certificate of Designation of Registered Agent (4) Affidavit of Membership and Contributions of Foreign Limited Liability Company (5) along with firm's draft in the amount of \$285.00 for these services.

Should you require any further documentation, please contact me.

Sincerely,

Nora J. Graziano, Paralegal to Joshua E. Burnett, Esquire

/ng enclosures

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1.1

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.

agent, or both, in the State C	y rioriua.		
1. The name of the limited	liability company is:USAuto	Finance, LLC	·
2. The mailing address of the	he limited liability company is:	5575 Sterrett Place,	<u>Suite 280</u> .
Columbia, Maryland	21044		**************************************
6/18/97	_	M9700000357	
3. Date of filing/registration	n in Florida	. Document number	e sei
5. The name of the registere Florida Department of St	ed agent and the registered office acate:	idress as shown on the reco	rdes files
_	Dennis Simon Name		R 2
	275B South 4th St.		
_	Address	,	OF STA
<u>-</u>	Cocoa Beach, FL 32931 City, State and Zip		ATE ATIONS
6. The name and address of	the new registered agent and/or of		<b>5</b>
•		-	9 . 9
Joshua E.	Burnett, Esquire, Gardner, Name	Wilkes, Shaheen & Can	delora
/O. T. T.		200.0	
401 E. <u>Ja</u>	ackson Street, Suite 2650, Te Florida street address (P.O. Box N	OT acceptable)	٠
	FL 336	02	<u></u>
_	City, State and Zip		
confirmed that after the ch and the business office of liability company, it is here	npany is not organized under the lange or changes are made, the Flother registered agent will be identify confirmed that the change(s) was of the limited liability company ons of the limited liability company	sitical. Or, in the case of ans/were authorized by an after or as otherwise provided it	Florida limited
IF OTHER			
(Printed or typed name of signce)		. ಬರಕು ೨ . ೯೪	
I hereby accept the appoint comply with the provisions and I am familiar with a document is being filed to the limited liability comparts.	ntment as registered agent and agress of all statutes relative to the property accept the obligations of my merely reflect a change in the regions been notified in writing of the	ee to act in this capacity. I ber and complete performat position as registered ag stered office address, I her is ehange.	further agree to nce of my duties ent. Or, if thi eby confirm tha
(Signature of Registered Agent)		Control of the contro	<del>4</del> ·
Division	of Corporations, P.O. Box 6327	, Tallahassee, FL 32314	

FILING FEE: \$35.00