Lisa E. Garlatti Requester's Name Blein hard bell of by	000000594
Address LGOD Market Street St	103 2/7
CORPORATION NAME(S) & DOCU	RIA Change
(Corporation Name) 2(Corporation Name)	(Document #)
4. (Corporation Name) (Corporation Name)	(Document #)
Walk in Pick up time _ Mail out Will wait NEW FILINGS	Certified Copy Certificate of Statistical Photocopy Certificate of Statistical Photocopy AMENDMENTS Certificate of Statistical Photocopy AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2F031(7/97)	Examiner's Initials

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. The name of the limited liability company is:

| Beacon Automotive, LLC | Beacon Automotive | Beacon Automotive | LLC | Beacon Automotive | LLC | Beacon Automotive | Beacon Automotive | LLC | Beacon Automotive |

2. The mailing address of the limited liability company is: 2333 Ponce de Leon Blvd., Suite 600

Coral Gables, FL 33134

6/9/98

3. Date of filing/registration in Florida

M98000000594

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Name
3191 Coral Gables Way, Suite 1005
Address
Coral Gables, FL 33145
City, State and Zip

6. The name and address of the new registered agent and/or office:

Veronica Farr

Name
2333 Ponce de Leon Blvd., Suite 600,

Florida street address (P.O. Box NOT acceptable)

Coral Gables

<u>FL</u> 33134

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Veronica Farr

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00