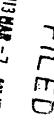
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 54946

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: February 27, 2013

ORDER TIME : 9:20 AM

ORDER NO. : 549467-019

CUSTOMER NO: 7922643

CHANGE OF AGENT

NAME: ASBURY JAX MANAGEMENT L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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. Name of the limited liability company: ASBURY JAX	MANAGEMENT L.L.C	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	2905 Premiere Parkway Suite 300 Duluth GA 30097-5240	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2905 Premiere Parkway Suite 300	
	Duluth GA 30097-5240	200
10/27/1998	M98000001271	AHA.
3. Date of filing/registration in Florida	4. Document number	ET TO
5. (a) Registered Agent and Registered Office shown on t Registered Agent:	he records of the Florida Dept. of Sta	04 17 10 10 10 10 10 10 10 10 10 10 10 10 10
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	515 E. Park Avenue Tallahassee FL 32301	<u>. </u>
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Company 1201 Hays Street	
	Tallahassee ,FL 32	301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited hability company. (Signature of a member or authorized representative of a months)	address of the registered office and see of a Florida limited liability comp an affirmative vote of the members	the business any, it is of the limit
Dona Priebe, Authorized Person (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	gree to act in this capacity. I further per and complete performance of my as registered agent as provided for in hange in the registered office addres in writing of this change.	agree to duties, and Chapter 60 s, I hereby
By: Such Weight	- · ·	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00