15 PO 99 900 PP M

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



000242986480

13 MAR -7 AN ID: 47

U

13 MAR -7 AM 10: 55

B. BOSTICK
MAR - 8 2013

F 1 1.2. 11



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 549455

AUTHORIZATION

COST LIMIT

ORDER DATE: February 27, 2013

ORDER TIME : 10:08 AM

ORDER NO. : 549455-025

CUSTOMER NO: 7922643

CHANGE OF AGENT

NAME:

ASBURY AUTOMOTIVE CENTRAL

FLORIDA, 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 AU	TOMOTIVE CENTRAL FLORIDA, L.L.C.	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2905 Premiere Parkway Suite 300 Duluth GA 30097-5240	
06/21/1999	M9900000921	
	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:	
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	Tallahassee FL 32301	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Corporation Service Company		
NEW Registered Agent:	1301 11 - 64 - 6	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee FL 323	
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 hability company. (Signature of a member or authorized representative of a member)		
Dona Priebe, Authorized Person (Printed or typed name of signee)	<u>.</u>	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prought for am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.	
By: Such Weight	Sarah Wright, Asst. VP	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00