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From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : 120030000004
Phone : (407)835-6959
Fax Number : (407)843-4076

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____ robertcross@greenway.com

REGISTERED AGENT CHANGE AUTOMOTIVE FINANCIAL OF AMERICA, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

١.	The name of the corporation:	AUTOMOTIVE FINANCIAL OF AMERICA. INC.
2.	The principal office address:	9001 East Colonial Drive, Orlando, FL 32817
3.	. The mailing address (if different):	
4.	Date of incorporation/qualification: September 3, 2009 Document number: P09000074432	
5.	The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
	Fowler White Bo	egs P.A.
	50 North Laura S	treet. Suite 2800
	Jacksonville, FL	32202
6.	The name and street address of	ne new registered agent (if changed) and /or registered office (if changed):
	Corporation Con	pany of Orlando 🙃 🎅
	300 South Orang	Ave., Suite 1000 (JGH) P.O. Box NOT acceptable
	Orlando, FL 328	•
The cha	e street address of its registered onged will be identical.	fice and the street address of the business office of its registered agent, as
Suc by		ution duly adopted by its board of directors or by an officer so authorized been notified in writing of the change.
_	ræleun (de	Edward M. Alden, CFO
	Signature of an officer or direct	or Printed or typed name and title
I he I fu inv doc cor	ereby accept the appointment as a triber agree to comply with the p duties, and I am Jamiliar with nument is being filed mereby to r poration has been notified in wri	egistered agent and agree to act in this capacity. Ovisions of all statutes relative to the proper and complete performance of accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the ing of this change.
Co	rporation Company of Orlando	
Bv.	7. 17. Mumphi	September 25, 2013
	/ Signature of Registered Age	. Date
lf s	igning on behalf of an entity:	
<u>J. C</u>	Gregory Humphries, Vice Preside Typed or Printed Name	ıt
		* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314