

Florida Department of State

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Division of Corporations

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Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number: 120030000004

Phone

: (407)835-6959

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: (407)843-4076

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REGISTERED AGENT CHANGE SHOALS AUTO ACQUISITIONS, INC.

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SECRETARY OF STATE
TALLABASSEE, FLORIDA

OCT 1 0 2013

T. CARTER

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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.

1.	The name of t	he corporation: _	SHOALS AUTO ACQUISIT	TONS, INC.	
2.	The principal	office address:	•	rlando, FL 32817	
3.	The mailing a	ddress (if differen			
4.	Date of incorporation/qualification: August 9. 2010 Document number: P10000065170				
5.	The name and Department of	d street address of State: (If resigno	f the current registered agent ared, enter resigned)	nd registered office on file with the Florida	
Fowler White Boggs P.A.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
50 North Laura Street, Suite 2800					
		Jacksonville, FL	32202		
6.	The name and	street address of	the new registered agent (if cha	nged) and /or registered office (if changed):	
		Corporation Company of Orlando			
		300 South Orang	ge Ave., Suite 1000 (JGH) P.O. Box NOT acceptable		
		Orlando, FL 32	108		
Th cha	e street address anged will be id	of its registered (lentical.	office and the street address of t	he business office of its registered agent, as	
Su by	ch change was the board, or th	authorized by reside corporation has	olution duly adopted by its boar been notified in writing of the d	d of directors or by an officer so authorized change.	
•	المماث	un (Oct	9	Edward M. Alden, CFO	
	Signature	of an officer or dire	ctor	Printed or typed name and title	
I hi I fu niy doc coi	ereby accept the orthér agree to duties, and I cument is being poration has b	e appointment as contply with the p am familiar with g filed merely to r een notified in wr	registered agent and agree to our visions of all statutes relative and accept the obligation of neglection of the register in the register if ing of this change.	ct in this capacity. To the proper and complete performance of my position as registered agent. Or, if this ed office address, I hereby confirm that the	
	rporation Comp	gany of Orlando			
Βv	: /// Signatu	re of Registered Age	<u>-</u> 3	September 25, 2013 Date	
lf s	igning on beha	If of an entity:			
<u>J. (</u>		nries, Vice Preside	ent		
	· · ·		* * * FILING FEE: \$35.00	* * *	

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