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TO:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004 Phone : (407)835-6959 : (407)843-4076 Fax Number

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

1	Address:	robertcross@greenway.com	

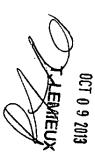
REGISTERED AGENT CHANGE LAREDO AUTO ACQUISITIONS, INC.

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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.

1.	The name of the corporation:	LAREDO AUTO ACQUISITIONS. INC.
2.	The principal office address:	9001 East Colonial Drive, Orlando, FL 32817
3.	The mailing address (if differen	1):
4.	Date of incorporation/qualificati	on: October 19, 2011 Document number: P11000091752
5.	The name and street address of Department of State: (If resigne	the current registered agent and registered office on file with the Florida d. enter resigned)
	Fowler White Bo	egs P.A.
	50 North Laura S	street. Suite 2800
	Jacksonville. FL	32202
6.	The name and street address of	he new registered agent (if changed) and /or registered office (if changed):
	Corporation Com	pany of Orlando
	300 South Orang	e Ave Suite 1000 (JGH) P.O. Box NOT acceptable
	Orlando, FL 328	
Th cha	e street address of its registered o anged will be identical.	ffice and the street address of the business office of its registered agent, as
Su- by	ch change was authorized by resouthe board, or the corporation has	lution duly adopted by its board of directors or by an officer so authorized been notified in writing of the change.
~	Zallu Ois	Edward M, Alden, CFQ
	Signature of an officer or direc	for Printed or typed name and title
I h I fu iny doc cor	ereby accept the appointment as t orther agree to comply with the po duties, and J am familiar with cument is being filed merely 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 and accept the obligation of my position as registered agent. Or, if this effect a change in the registered office address, I hereby confirm that the ling of this clange.
Со	rporation Company of Orlando	
By	Signature of Registered Ages	September 25, 2013 Date
lf s	signing on behalf of an entity:	
<u>j. (</u>	Gregory Humphries. Vice Preside Typed or Printed Name	nt
		* * * FILING FEE: \$35.00 * * *

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