PONOCOSASTICA Holman

7411 MAPLE AVENUE, P.O. BOX 1400, PENNSAUKEN, NEW JERSEY 08109 PHONE: (809) 683-5200 FAX: (809) 685-3444

July 2, 1997

Mr. Jim Smith
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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RE: Pines Lincoln Mercury, Inc. Ft. Lauderdale, Florida

Dear Mr. Smith:

Enclosed is a Statement of Change of Registered Office or Registered Agent for the subject company.

If you have any questions, give me a call.

Very truly yours,

Kathy mullin

K.A. Mullin General Counsel

KAM:ml Enc. FILED

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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WW7-11-97

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ဖ AGENT OR BOTH FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: Pines Lincoln Mercury. Inc. Document number P9700003987Lo 5/<u>5</u>/97 Date of incorporation 2. The name and address of the current registered agent and office: CT Corporation System, 1200 South Pine Island Road City of Plantation, Florida 33324 3. The name and address of the new registered agent and office: ۻ (P.O. Box Not Acceptable) Daniel S. Reif, Holman Enterprises 911 N.E. Second Ave., Ft. Lauderdale, FL 33304 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Ly Andred Challin K. A. Mullin, Asst. Secretary Typed or printed name and title SIGNATURE DATE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY: (Registered Agent) D.S.Reif DATE

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00