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R. WHITE. FEB 1 1 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 625421 4311639 AUTHORIZATION COST LIMIT : ORDER DATE: February 8, 2019 ORDER TIME : 11:30 AM ORDER NO. : 625421-010 CUSTOMER NO: 4311639 CHANGE OF AGENT NAME: AUTOSPORT USA, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

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

statement of cha	provisions of sections 607.0 unge is submitted for a corp er to change its registered o	oration organized	under the la	ws of the Si	ate of Delaw	/are	<u></u>
1. The name of	the corporation: AutoSport	USA, Inc.					
	office address: 8040 Belve		Palm Beach	FL 33411			
3. The mailing a	address (if different):						
4. Date of incorp	poration/qualification: 04/2	25/2005	_ Document	number:	05000002486	3	
	d street address of the currer rtment of State: (If resigned		and register	ed office or	i file with the		
	C T Corporation System						
	1200 South Pine Island R	oad					
	Plantation		FL	33324	:\r :\r	2019 F1	
6. The name and (if changed):	d street address of the new r	egistered agent (if	changed) an	d /or registe	ered office	9 FEB -8	
	Corporation Service Com	pany	1 mm			PM	
	1201 Hays Street				——— •ુ∷	2:	
	Tallahassee	P.O Box NOT accep	table FL	32301		01	
The street addre as changed will	ess of its registered office a be identical.	and the street address	ess of the bu	siness offic	ce of its regis	tered ag	gent.
	as authorized by resolution be board, or the corporation	duly adopted by i has been notified	ts board of c I in writing o	lirectors or of the chang	by an officer ge.	so	
<u> </u>	l Chesrown		Marshall Che				
I hereby accept I further agree i performance of agent. Or, if the hereby confirm	the appointment as registe to comply with the provisio my duties, and I am famili is document is being filed to that the corporation has be n Service Company	ons of all statutes i ar with and accep nerely to reflect a	ee to act in elative to th t the obligat change in ti	e proper a ion of my p he registere	ty. nd complete position as res	zistered ess. I	t
By: CY	nature of Registered Agent	<u> </u>	02	Date	JUY		_
If signing on be Ass	half of an entity: loxanne Turner st. Vice President yped or Printed Name			·			

* * * FILING FEE: \$35.00 * * *