Ì.

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer		

A. LUNT

JUL - 6 2010

EXAMINER

Office Use Only



900182855299

07/02/10--01017--018 **25.00

COVER LETTER

PTO: Registration Section Division of Corporations		
SUBJECT: Full Spectrum Racing LC. Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Richard Suavez Name of Person		
Full Spectrum Racing		
15 Mingo trail. Unid 109		
Languaged FL 32750 City/State and Zip Code		
Full Spectrum racing a Uahar Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Richard Survez at (407) 210 · 5883 Name of Person at (407) Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		

ثره

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY | Mail Search

\	
Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company:	Spectrum Racing
2. (a) Principal office address of limited liability compar	ny: Full Spectrum Rocing
(Note: MUST BE STREET ADDRESS)	115 Mingo trail · Unit 109 Longwood, Fl 32750
(b) Mailing address of limited liability company:	Full Spectrum Racing
(Note: MAY BE POST OFFICE BOX)	115 Mingo trail. Unit 109 Longwood, FL 32750
10.29.2010	L07000005632
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Richard L. Suarez
Registered Office Address:	Full Spectrum Racing 115 Mingo trail: Unit 109 Longwood, FL 32750
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
NEW Registered Agent:	Richard L. Suarez
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Full Spectrum Pacing 115 Mingo frail · Unit 109 Longwood to FL 32750
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 508 F.S. Or, if this document is being filed to maddress I hereby confirm that the limited liability companions of Registered Agent	roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00