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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

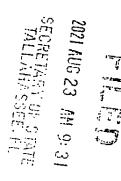
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REGISTERED AGENT CHANGE BROMLEY MOTORSPORTS INC.

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

statement of cha	provisions of sections 607.0502, 617.0 unge is submitted for a corporation or, or to change its registered office or reg	ganized under the laws of the State of	Floreta
1. The name of	the corporation: BROMLEY MOTORS	PORTS INC.	
2. The principal	office address: 219 PRINDLE DR. E	JACKSONVILLE, FL 32225	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/16/2020	Document number: P20000	0074575
5. The name and	d street address of the current registerer rtment of State: (If resigned, enter resi	ed agent and registered office on file v	
	UNITED STATES CORPORATION	AGENTS, INC.	
	5575 S. SEMORAN BLVD. 36	5	2021 SEC
	ORLANDO, FL 32822		RETA
6. The name an (if changed):	d street address of the new registered a		23 M
	Registered Agents Inc.		### ### #############################
	7901 4th St N STE 300		(7°) —
		NOT acceptable	•••
	St. Petersburg FL 33702		-
The street addras changed will	ess of its registered office and the str be identical.	eet address of the business office of	its registered agent.
	as authorized by resolution duly ador he board, or the corporation has been		
87EVE1	STEVEN M BROMLEY STEVEN M BROMLEY, PD		
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered agent to comply with the provisions of all s I my duties, and I am familiar with an his document is being filed merely to t that the corporation has been notifie	and agree to act in this capacity. tatutes relative to the proper and co id accept the obligation of my positio reflect a change in the registered off	mplete on as registered
Bee Han	ne.	08/23/2021	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Bill Havre			
7	yped or Printed Name		

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

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