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Office Use Only



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SECRETARY OF STATE

AFFECUE FILES VEL

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the limit | ed liability company i | s: INDIGO RACER, LLC | | | | ·• |
|--|--|---|--|--|---|---|
| 2. The mailing address of | of the limited liability | company is : <u>606 47th</u> | Street Eas | st | _ <u>-</u> | · |
| Bradenton, FL 34208 | 3 | | | | | |
| 12/28/2001 | | L010000 | 22661 | | | |
| 3. Date of filing/registration in Florida 4. Document num | | ent number | | | | |
| 5. The name of the regist Florida Department of | | gistered office address as | shown on th | e record | s of th | e |
| • . | Wesley Graham R | Kipperger, III | : | | | |
| • | Name | | | | | |
| 606 47th Street East | | | | | • | |
| Address | | | . | 0 | | |
| Bradenton, FL 34208 | | | ≥ 8 | و 1 | | |
| | Cit | y, State and Zip | | を装 | \equiv | ₽ |
| 6. The name and address of the new registered agent and/or office: | | | ASSEE ASSEE | 06 JUN 12 F | | |
| | Richard M. Knellinger | | | <u> </u> | PH (| 田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田 |
| | Name | | | 울 | 3: 43 | |
| • | | reet, Suite 305 | | 22 | ီ | |
| | Florida street addre | ess (P.O. Box NOT accep | table) | | | |
| | Gainesville, | FL 32609 | | | | |
| • | City, | State and Zip | | | | |
| confirmed that after the cand the business office of liability company it is he | change or changes are f the registered agent ereby confirmed that the mited liability comparent of the limited liabil | d under the laws of the St made, the Florida street a will be identical. Or, in the he change(s) was/were auny or as otherwise provide ity company. | iddress of the he case of a othorized by | ie registe Florida l an affiri | red of limited native | l vote |
| Wesley Graham Ripper (Printed or typed name of signee | | | | | | |
| comply with the provision and I am familiar with an Chapter 608, F.S. Or. if address, I hereby confirm | pintment as registered ins of all statules related accept the obligation this document is being that the limited liabi | agent and agree to act in ive to the proper and comons of my position as reging filed to merely reflect a lity company has been no | this capaci plete perfor stered agen change in t tified in wri | ty. I furi mance o t as prov he regist iting of th | ther as f my d ided fo ered o his cha | ree to uties, or in ffice inge. |
| (Signature of Registered Agent) | | 0 | | | | |
| Division of Corporations, P.Q. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 | | | | | | |

INHS18 (8/05)