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SECRETARY OF STATE PHYSION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJECT: MOTOV Sports of Tampa, LLC (Name of Limited Liability Company)							
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filir	ng.				
Please return all correspondence concerning this matter to the following:							
	Ashley Riley	······					
	MotorSports Inv. Grov (Firm/Company) 801 South Olive Ave (Address) Ost Palm Beach, FL 2 (City/State and Zip Code)	#216	06 AUG 15 PM 2: 04	SECRETARY OF STATE DIVISION OF CORPORATIONS			
For further information concerning this matter, please call: Abley 21ey at (51el) 1659-3909							
(Name of Person) (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	\$55 Filing Fee & Certified Copy					

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.

Motor Motor	Sports of Tarr	m 110
1. The name of the limited liability company is: Motor	901 Calla 01	
2. The mailing address of the limited liability company is :	801 Spran 01	IVE AVE#
West	- Palm Beach, F	L 33401
1.11.100	103000021	150
3. Date of filing/registration in Florida	4. Document number	
5. Date of Hing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office	address as shown on the reco	ords of the
Florida Department of State: Rodin Younes	51	
1 Name	A Maria Gla	10.1
1999 IV. Feaera	V Highway, Ste	2.101
Boca Raton 1	=1, 33497	0 01
City, State and Z	Zip ,	NISION O
6. The name and address of the new registered agent and/or	office:	
Rodin Youness	s i	HE COL
		OF STATE OF
801 South Drive	'	2: (
Florida street address (P.O. Box	NOT acceptable)	ONS ONS
West Palm Beach	33401	
City, State and Zi	p	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identi- liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.	was/were authorized by an aff wise provided in the articles of	firmative vote
1/4/1		
(Signature of a member or authorized representative of a member)		
Kodin Vounessi		
(Printed or typed name of signee)		C
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- ard Lam familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I f per and complete performanc ition as registered agent as pr ely reflect a change in the reg has been notified in writing o	further agree to e of my duties, rovided for in istered office f this change.
(Signature of Reg/stered/Agent)		
/ Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (8/05)