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(Re	questor's Name)
(Ad	dress)
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(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

Division of Corporations	
SUBJECT: Caribbean Racing Developm (Name of Limited)	nent, LLC. I Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Ronald C. Assee	
(Name of Person)	
Caribbean Racing Development, LLC	<u>. </u>
3056 S. State Road 7, #68-69	95 F
(Address)	
Miramar, FL. 33023	
(City/State and Zip Code)	OS FES 20 JM 9: 40
For further information concerning this matter, plea	
Ronald C. Assee at (9	954 ₎ 964-1321
(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 amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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 limited liability company is: Ca	aribbean Racing Development, LLC.
2. The mailing address of the limited liability compa	any is: 3056 S. State Road 7, Bays #68-69
Miramar, FL. 33023	
01/18/2005	L05000004861
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registere Florida Department of State:	d office address as shown on the records of the
Kevin A. Parris	
Na	ame
14201 SW 121 Place	
Address	
Miami, FL. 33186	te and Zip
City, State and Zip	
o. The name and address of the new registered agent and/or office.	
Ronald C. Assee	
Nan	ne Pi
3056 S. State Road 7, Bays #68-69 \\ \Sigma^m	
Florida street address (P.	O. Box NOT acceptable)
Miramar, F	լ 33023
City, State	and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Ronald C. Assee

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608/FS. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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