## L05000074534

Office Use Only



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SECRETARY OF STATEMS OF OCT 17 PH 1:44

J. BRYAN OCT 1 8 2006

## **COVER LETTER**

Division of Corporations					
SUBJECT: MR Motorsports LLC (Name of	Limited Liabi	lity Company)			
		,			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change	e and fee(s) are submitted for filing	3.		
Please return all correspondence concerning	g this matter to	the following:			
John D. Russo					
(Name of Person)			90 INIO		
MD Mataragaria III C			OF OCT 17 PM 1: 41		
MR Motorsports LLC (Firm/Company)	<del></del>	<del></del>	7 - 95		
			P		
1344 Tamarind Way			- OR A		
(Address)			OF OCT 17 PM 1:44		
Boca Raton, FL 33486					
(City/State and Zip Code)		<del></del>			
For further information concerning this mat	tter, please cal	1:			
John D. Russo	at ( 561	) 445-1083			
(Name of Person)		(Area Code & Daytime Telephon	e Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314			
Enclosed is a check for the following	ing 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.

1. The name of the limit	ted liability comp	any is: MR Motor	sports LLC	·
2. The mailing address of	of the limited liab	oility company is:	1344 Tamarind Way Book	a Raton, FL
33486	· **********			
7/28/2005			L05000074534	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the regis	tered agent and the	ne registered office	e address as shown on the re	cords of the
•		<b>Creations Netw</b>	ork Inc.	
		Name		
	11380 Prosp	erity Farms Roa	ad #221E	0
		Address		5 O
Palm Beach Gardens FL 33410 Uni			二 器	
		City, State and 2	ыр	— PR
6. The name and address	s of the new regist	tered agent and/or	office:	SECRETARY OF STATE OF OS OCT 17 PH 1:44
	John D. Russ	so		OR STA
		Name		
	1344 Tamarir			F HS
	Florida street	address (P.O. Box	NOT acceptable)	
	Boca Raton	FL 334	86	
•		City, State and Zi	p	
confirmed that after the and the business office of liability company, it is h	change or change of the registered a tereby confirmed imited liability co ent of the limited	es are made, the Flogent will be identi that the change(s) empany or as other liability company.	aws of the State of Florida, is orida street address of the recal. Or, in the case of a Flowas/were authorized by an wise provided in the articles	egistered office rida limited affirmative vote
$\mathcal{O}$		··,		
John D. Russo (Printed or typed name of signe	e)		-	
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby epnfir	ointment as regist ons of all statutes ind accept the obl f this document is m that the limited	tered agent and ag relative to the pro ligations of my pos being filed to mer liability company	gree to act in this capacity, per and complete performat ition as registered agent as ely reflect a change in the r has been notified in writing	l further agree to ace of my duties, provided for in egistered office of this change.
(Signature of Registered Agent)	)	<del></del>		
Diviei	ion of Corneration	ons. P.O. Box 632	7. Tallahassee, FL 32314	

FILING FEE: \$25.00