

L08000085866

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

10 OCT 25 PM 3:18

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Real Power Motorsports LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Allyn Joliff
Name of Person

Real Power Motorsports LLC
Firm/Company

1698 Village Parkway
Address

Gulf Breeze, Florida 32563
City/State and Zip Code

justin@realpowermotorsports.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin A Joliff at (850) 273-9698
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.

1. Name of the limited liability company: Real Power Motorsports LLC
2. (a) Principal office address of limited liability company: 5680 Gulf Breeze Parkway
☒ (Note: **MUST BE STREET ADDRESS**) Unit D7-5
Gulf Breeze, Florida 32563
- (b) Mailing address of limited liability company: 5680 Gulf Breeze Parkway
☒ (Note: **MAY BE POST OFFICE BOX**) Unit D2
Gulf Breeze, Florida 32563
- 09/09/08
3. Date of filing/registration in Florida
4. Document number LD8000085866

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

Justin Allyn Jolliff
5680 Gulf Breeze Parkway
Unit D7-5
Gulf Breeze, FL 32563

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

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.

Justin Jolliff
Signature of a member or authorized representative of a member

Justin Jolliff
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, F.S. 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.

Justin Jolliff
Signature of Registered Agent

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

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OCT 25 PM 3:08
CLERK OF STATE