Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: TRIDENT TITLE LLC

Account Number: I20090000078

: (561)515-2920

Phone Fax Number

: (561)515-2939

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Invhais@aol.com

LLC REGISTERED AGENT CHANGE PALM BEACH RACING PARTNERSHIP, LLC

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Corporate Filing Menu

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COVER LETTER

TQ:	Registration Section Division of Corporation	S '			•
SUBJ	ECT;				nership, LLC
	·	Name of L	.imutea L	iaminy Co	ompany
Dear S	Sir or Madam;				
The cr	iclosed Registered Agent/	Registered O	ffice Cha	ingc and f	ee(s) are submitted for filing.
Picase	return ali correspondence	concerning	this matte	er to the lig	ollowing:
	•				·
	Paul A. K				
	Nuine of Per	, Xiii			
	The Law Office of Pau PintyComps		r, P.A.		
	225 South Oliv	re Avenue			•
	West Palm Beach,	Florida 334	01		
	City/Stute and Zi				·
	Invhais@a	ol.com			
	nail address; (to be used for future ther information concerns	·		call:	
·	Marc Haisfield		at (5		723-9400
	Name of Person			Aren Co	ode & Daytime Telephone Number
	STREET/COURLER ADI	DRESS:		MAILING	G ADDRESS:
	Registration Section Registration Section				
	Division of Corporations Division of Corporations				
	Clifton Building P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
	Enclosed is a check for	the following	g amount	t :	•
	\$25 Filing Fce	•		\$55 Filin	ng Fee & Certified Copy
					,

1NHS18 (5/08)

H100002782463

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 holh, in the State of Florida.

1. Name of the limited liability company:	Palm Beach Racing Partnership, LLC					
2. (a) Principal office address of limited liability	company:					
(Note: MUST BE STREET ADDRESS)	11888 Lake Shore Place North Palm Beach, Florida 33408					
(b) Mailing address of limited liability compa-	ny:					
(Note: MAY BE POST OFFICE BOX)	North Palm Beach, Florida 33408					
October 8, 2008	L08000095434					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
Registered Agent:	Phillip T. Ridolfo, Jr., Esq co					
Registered Office Address:	301 Ciematis Street, Suite 3000 West Palm Beach, Florida 33401					
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent:	Paul A. Krasker					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	225 South Olive Avenue					
(MOSI DE LEONIDA STREET ADDRE	"FL 33401					
- Marie -	oder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.					
Signature of a member or authorized representative of a member	·					
Printed or typod name of signee						
I hereby accept the appointment as registered oge comply with the provisions of all statutes relative t and I am familiar with and accept the obligations t Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm hat the limited liability	int and agree to act in this capacity. I further agree to the proper and complete performance of my dulies, of my position as registered agent as provided for in ed to merely reflect a change in the registered office compuny has been notified in writing of this change.					

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

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Signature of Registered Agent