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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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EXAMINER



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COVER LETTER

Division of Corporations	
	ved Racing Products, LLC
name o	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Richard M. Ihns	
Name of Person	
Improved Racing	
Firm/Company	
12472 Lake Underhill Rd. #	# 434
Address	
Orlando, FL 32828	
City/State and Zip Code	
michael@improvedracing. E-mail address: (to be used for future annual repo	com rt notification)
For further information concerning this ma	atter, please call:
Richard M. Ihns	at (352) 262-8212
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING 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 follow	ving amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BQTH 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.

Name of the limited liability company:	A	
2. (a) Principal office address of limited liability company	y:	
(Note: MUST BE STREET ADDRESS)	13437 Early Frost Cir Orlando, FL 32828	<u> </u>
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	12472 Lake Underhill Rd Orlando, FL 32828	. #434
03/13/2009	L090000246	65
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De	pt. of State:
Registered Agent:	Richard M Ihns	
Registered Office Address:	12957 MALLORY CIR	
	205 Orlando, FL 32828	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office addres Richard M Ihns	<u>s</u> :
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13437 Early Frost Cir	
	Orlando	,FL <u>32828</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited hability company or as other or the operating and ement of the limited liability company Signature of a member or authorized representative of a member Richard M Ihns Printed or typed name of signee	laws of the State of Florida, i lorida street address of the re- cical. Or, in the case of a Flor) was/were authorized by an a wise provided in the articles /.	rida limited affirmative vote of organization SECRETARY OF CO.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided in an amiliar with and accept the obligations of my por Chapter 608, F.S. Or, if this abcument is being filed to me address. I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. Sper and complete performan sition as registered agent as rely reflect a change in the ri y has been notified in writing	I further garee to