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MAY 23 2016 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: BLP RACING PRODUCTS, LLC  Name of Limited Liability Company					
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning thi	s matter to the following:				
Lawrence M. Kosto, Esq.					
Name of Person					
Kosto & Rotella, P.A.					
Firm/Company	<del> </del>				
619 East Washington Street					
Address					
Orlando, FL 32801					
City/State and Zip Code					
lkosto@kostoandrotella.com					
E-mail address: (to be used for future annu	ual report notification)				
For further information concerning this matter,	please call:				
Lawrence M. Kosto	407 425-3456				
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 605.0114 or 605.0116, 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.

. Na	me of the limited liability company: BLP RACING	PROD	UCTS, L	LC
. (a)	BLP RACING PRODUCTS, LLC	_ (b	)	
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  1015 W. Church Street	_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32805	<del>-</del> -		
	01/04/2010		L100000	00553
	Date of filing/registration in Florida	4.		Document number
(a)	James M Laws			
. (a)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Sta	_ te:
	James M. Laws		- <b></b>	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRFSS	· · · · · · · · · · · · · · · · · · ·	- 
	1015 W. Chruch Street	2211200	4	250 <b>36 x</b>
		32805		MAY 20
(L)	Joseph Hilerio			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	- 20 <del>4</del> 5
	Joseph Hilerio			80 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	NEW Registered Office Address:			_
	1015 W. Church Street			_
	Orlando .FL	32805		
e cha gent v as/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the the regis bility co f the lim limited l	stered offic ompany, it sited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
herei rovisi ne obl mere otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act perform I for in C eereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with th duties, and I am familiar with and acce 5, F.S. Or, if this document is being file the limited liability company has been
ignaty	re of Registered Agent			

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