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(Re	equestor's Name)							
(Ad	ldress)							
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(City/State/Zip/Phone #)								
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Special Instructions to	Filing Officer:							





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C. CARROTHIE

COVER LETTER

TO: Registration Section	• .							
Division of Corporations								
SUBJECT: Garrett Motorsports	s, 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:								
10001								
Name of Person								
Frachise Itolding LLC Firm/Company								
Firm/Company								
PO B. 1/2 1/0								
PO Box 4240 Address								
Moores ville NC ? City/State and Zip Code	28117							
City/State and Zip Code								
Law D 1 TTO Consort	- 1-							
E-mail address: (to be used for future annual rep.	ncT ort notification)							
For further information concerning this matter, please	call:							
Lacry Jones at (501) 317-5852							
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 32301	Tallahassee, Florida 32314							
Enclosed is a check for the following amount:								
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

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.

I. N	ame of the limited liability company: Garrett Motors	ports	, LL	.c				
	2358 THOMSON WAY		(b) P.O. BOX 4240					
(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)		Mailing address of li (Note: MAY BE		•	
	WEST PALM BEACH, FL 33414	-		MOORES	SVILLE, NC 28	117		
	04/06/2010		(L1000003	7139			
3.	Date of filing/registration in Florida	4.	_		Document numi	ber		
5. (a)	JONES, LARRY D							
J. (w)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of State	- E:			
	2358 Thomson Way							
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRI	ESS)		•			
	West Palm Beach , FL		33	414				
(b)	InCorp Services, Inc.				•	4.£4		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress	•		7	
	17888 67th Court North							enters
	NEW Registered Office Address:				•			28 5 25 6
						***	AH	() (*** () (*********
						57	<u> </u>	* .* *
	Loxahatchee , FL		33	470		i .	22	
the cha agent v was/wa	limited 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 lia ere authorized by an affirmative vote of the members o ioles of organization or the operating agreement of the	the re bility f the !	gist con imit	ered office npany, it is ted liability	e and the business thereby confirmed company or as apany.	s office o	of the i	registered
Signa	ture of a member or authorized representative of a member	_			Printed of typed na	me of sign	 ee	
provis the offi to mer notified	by accept the appointment as registered agent and agri lons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in ynitting of this change. on behalf of Incorp State of Registered Agent	perjoi I for it iereby	rmai n Cl cor	nce of my a hapter 605, ifirm that t	icity. I further a luties, and I am j F.S. Or, if this he limited liabili	gree to c familiar t documen ity compo	omply with a it is be any ha	with the nd accept ring filed s been
- 1	Division of Corporations P.O. B	ox 63	27•	Tallahass	see. FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)