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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
	A.	LUNT
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10/29/12--01017--015 **25.00

COVER LETTER

Division of Corpor		. U.C			
5000201.	Name of Limi	ted Liability Company			
The enclosed Articles of Am Please return all corresponde		<u>-</u>	<u></u>	2H2 WW 26 PH W	State And
-	luso s	Firm/Company . Missel A	sens	3	
- -	Miani	Address City/State and Zip Code	<u>30</u>		
For further information conc		to be used for future annual report notification	on)		
Name of Pe	ku rson	at (784 506 S	lephone Number		
Enclosed is a check for the fo	ollowing amount: □\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, □ Certificate of Sta Certified Copy (additional copy	itus &	
	G ADDRESS: on Section	STREET/COURIER Registration Section	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: MOTORSPORT, LLC					
2. (a) Principal office address of limited liability compan	xv 1450 South Miami Ave				
(Note: MUST BE STREET ADDRESS)	Mlami, FL 33130	Dec 2	22		
\			F-2		
		≱	建	-	
(b) Mailing address of limited liability company:	1450 South Miami Ave				
(Note: MAY BE POST OFFICE BOX)	Mlami, FL 33130	<u></u>	<u> </u>	<u> </u>	
		<u> </u>			
		برند موالارز موالارز		§ 3	
11/1/2012	L10000100564	17 C	-	1,3 4.44	
3. Date of filing/registration in Florida	4. Document number	92			
	•	₩/ I*.	<u>යා</u>		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida C	ept. of S	tale:		
Registered Agent:	DMITRY, KOZKO MANAGER				
Desistant OCC Address					
Registered Office Address:					
	1450 S MIAMI AVE MIAMI, FL 33130 US				
	WANTE SO TOO OS				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office addr				
PTTTT D. 1 1					
NEW Registered Office Address:	NET ELEMENT INTERNATIONAL, INC	<u> </u>			
<u>(MUST BE FLORIDA STREET ADDRESS)</u>	1450 SOUTH MIAMI AVE		0486		
	MIAMI	,FL <u>3</u>	3130		
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 iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ilorida etropt address of the	rocietoros	Office	e of or	
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. Oper and complete perform Sition as registered agent a rely reflect a change in the Whas been notified in writin	I furthe ance of m is provide registers	r agree ty dutie to for the chance	: 10 :S, n	

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

Signature of Registered Agent