112000144788

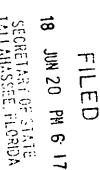
(F	Requestor's Name)			
(<i>f</i>	Address)			
(<i>F</i>	Address)			
(0	Dity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



800315754028

01/20/18--01009--028 **25.00



O SIMMONS

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JTUNED MOTORSPORTS, LLC	•		
จัดยก	Name of I	Limited Liabi	ility Company	
Dear S	Sir or Madam:			
The er	sclosed Registered Agent/Registered Office Cl	hange and fee	e(s) are submitted for filing.	
Please	return all correspondence concerning this ma	tter to the fol	lowing:	
BEN	KENNEDY, JR PA			
	Name of Person			
KEN	NEDY & KENNEDY, PL			
	Firm/Company			
14 S	E 4TH ST, SUITE 36			
	Address			
вос	CA RATON, FL 33432		-	
	City/State and Zip Code			
	@BKENNEDYLAW.COM			
-	E-mail address: (to be used for future annual r	report notifica	ation)	
For fi	urther information concerning this matter, plea	ise call:		
BEN	I KENNEDY a	561	750 8535	
	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	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314	
Enclosed is a check for the following amount:				
	2 \$25 Filing Fee	□ \$55	5 Filing Fee & Certified Copy	
INHS	518 (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.

1 10/12	ame of the limited liability company:	TORSPORTS,	LLC
	2300 NW CORPORATE BLVD	(b) SAME	****
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 238		
	BOCA RATON FL 33431		
	11/15/2012	L12000	144788
3.	Date of filing/registration in Florida	4.	Document number
5. (a	、JOHN M. TEMPLE		_
5. (a	Registered Agent and Registered Office shown on the records of 22750 SW 55TH AVE	of the Florida Dept. of S	tute:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	_
	-		
	BOCA RATON, F	_L 33433	FILED 18 JUN 20 PM SECRETARY OF STALLANASSEE, FI
	JOHN M. TEMPLE		JUN 20 PM JUN 20 PM CANASSEE, F
(b	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	
			F
	2300 NW CORPORATE BLVD		
	NEW Registered Office Address:		17 DA
	SUITE 238		<u> </u>
	BOCA RATON, I	_{FL} _33431	
sign the a sign that a sign the a sign that a	elimited liability company is not organized under the hange or changes are made, the Florida street address twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ricles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and the isions of all statutes relative to the proper and completely reflect a change in the registered agent as provinged in writing of this change. Division of Corporations P.C.	JOHN M. JOHN M. agree to act in this determined for in Chapter, I hereby confirm to the confirmation to the confir	it is hereby confirmed that the change(s) illity company or as otherwise provided in company. TEMPLE Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
	FILING	FEE: \$25.00	