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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	BJECT:				
	Name of Limited Liability Company				
Dear Si	r or Madam:				
The enc	closed Registered Agent/Registered Off	ice Change and	fce(s) are submitted for filing.		
Please r	return all correspondence concerning th	is matter to the	following:		
Mija N	loble				
	Name of Person		_		
lMagir	ne Motorcycle LLC				
	Firm/Company				
5231 E	East Colonial Dr				
	Address				
Orland	do FL, 32807				
	City/State and Zip Code				
service	e@imaginemotorcycle.com				
E-	mail address: (to be used for future and	nual report notifi	cation)		
For furt	ther information concerning this matter	, please call:			
Mija N	oble	407 at (203-0000		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MA	AILING ADDRESS:		
	Registration Section		gistration Section		
	Division of Corporations		vision of Corporations		
	Clifton Building). Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	I al	lahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	■ \$25 Filing Fee	□ \$5	5 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.

1. 1	Name of the limited liability company: Imagine Moto	orcycle LLC	
2. (a	5231 Fast Colonial Dr Orlando El 32807	(b) 52	31 East Colonial Dr Orlando FL, 32807
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	May 01, 2013		000063598
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of	the Florida Dept	i. of State:
	Imagine Motorcycle Registered Office Address (MUST BE FLORIDA STREET	4DDBECC)	
	Registered Office Address (MUST BE FLORIDA STREET) 5231 East Colonial Dr	<u>ADDRESS)</u>	
	Orlando	32807	
(b	Mija Noble Enter name of NEW Registered Agent and/or NEW Registered Imagine Motorcycle	d Office address	
	NEW Registered Office Address:		
	5231 East Colonial Dr		
	Orlando , FI	_32807	
the clagent was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registere iability compa of the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Sig	nature of a member or authorized representative of a member	-	Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I ged in writing of this change.	ree to act in t e performance ed for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Siele	iture of Registered Agent		