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(Requestor's Name)	_						
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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> 15 JAN -8 PM 4: 15 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	₩-
SUBJECT: All-Stars Motorcycle Servic	es, LLC
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Richard Harris	
Name of Person	
All-Stars Motorcycle Services, LLC	
Firm/Company	·
5123 97thSt. E	
Address	
Bradenton, FL 34211	
City/State and Zip Code	
rbh4161@yahoo.cp,	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
Richard Harris	941 284-3462
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 followin	g 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.

1. Na	me of the limited liability company	ALL-Stars Mo	torcycle	e Service	s, LLC			
2. (a))				
()	Principal office address of limited I (Note: MUST BE STREET		_ (=)	,	Mailing address of li (Note: MAY BE	-		
	5123 97th. St. E			5123 97th St. E				
	Bradenton, FL 34211		- -	Bradent	ton, FL 34211			
3.	Date of filing/registration	in Florida	4.		Document num	ber	·	
5. (a)								
). (4)	Registered Agent and Registered Office sho	own on the records of t	he Florida	Dept. of Sta	te:			
	INCORP S	SERVICE	S. /	NC.				
	Registered Office Address (MUST BE	FLORIDA STREET A	DDRESS	2	_			
	17888 6	TEN CO	0/25	Non	Ttt			
	LOXADATCHEE		3	スノフィ	<u>-</u> -			
	LOXADATCHEE	, FL	ــر_	J 1 / C	_			
(L)								
(b)	Enter name of NEW Registered Agent and	d/or NEW Registered	Office add	dress:	-			
	Richard Harris				_	, ∀∽		
	NEW Registered Office Address:				_		5	
	5123 97th St. E					ARE	JAN	
	- 11					AR ASS	8-	三三
	Bradenton	. FI.	34211			EF.O	P <u>H</u>	
						FFS	_	
If the l	imited liability company is not orga- inge or changes are made, the Florid	nized under the lav	vs of the	State of F	lorida, it is hereb	y confir ⊞ed ss offic ⇒ offil	that afte	ered
agent v	vill be identical. Or, in the case of a	a Florida limited lia	ability co	mpany, it	is hereby confirm	ned that the c	hange(s	s)
	ere authorized by an affirmative vot- cles of organization or the operating					otherwise p	rovided	in
المادة عادا		, ,		hard Har				
Signa	ture of a member or authorized representative			nara mar	Printed or typed n	ame of signee	_	—
I here provisi the obl to mer	by accept the appointment as registe ons of all statutes relative to the pro- igations of my position as registered ely reflect a change in the registered d in writing of this change.		ee to act perform d for in (hereby c	in this cap ance of my Chapter 60 onfirm that	- •	=	ply with h and ac s being j has bee	i the ocept filed on
	she have Hars	len .						