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CRETARY OF STATE
LAHASSEE, FLORIDA

AUG 1 2 2015 S MASON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TNS ANE CYCLES - MUSCLE CARS, 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:
Kimberly Deavers Name of Person
INSANE CYCLES MUSCLE CARS, LC. Firm/Company
404 North B.Gach ST. Address
DAY HONA BEACH, F1. 32/14 City/State and Zip Code
INSANC CYCLES AND MUSCLE CARS Q YAHOO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KIMBERLY DEAUERS at (304) 291-2453 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

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

rioriui.
1. Name of the limited liability company: THORNE CYCLES & MUSCLE CARS LLC
2. (a) 404 North Black Street (b) 10163 Kunwood Place
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
MOVORWLIDE 112V
DOWNER BURNET
32114
4-22-15 115000071030
Date of filing/registration in Florida 4. Document number
5. (a) Kimberly Deavello
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 101
Daltema 12400111 = 32114
CORE AUG
(b)
A COLUMN TO THE WREGISTERED OTHER SIGNATURES:
404 NOVIN BURCL Street 55 5
NEW Registered Office Address
· · · · · · · · · · · · · · · · · · ·
Daylona Breach FL 32114
f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notified in writing of this change.
Signature of Registered Agent

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