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AUG 24 2018 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations			
Rivalry Racing, LLC.			
SUBJECT:	ame of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change a	nd fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to t	he following:	
Bryan Caceda			
Name of Person			
Rivalry Racing, LLC.			
Firm Company	- ·		
10280 NW 30 Terrace			
Address			
Doral, FL 33172			R AUG
City State and Zip Code			Allassee, Flori
bcaceda@yahoo.com			20 PK 14: 33 ASSEÉ, FLORIDA
E-mail address: (to be used for future a	nnual report no	otification)	- F F F F F F F F.
For further information concerning this matter	er, please call;		
Bryan Caceda	305 at (, 215-7390	
Name of Person	ar i	Area Code & Daytime Teleph	one 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 following	ng amount:		
■ \$25 Filing Fee	Ü	\$55 Filing Fee & Certified Copy	

ISHS18 (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 Statides, 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.

. N	ame of the limited liability company: Rivalry Racin	ng. LLC.		
. (a)	3133 NW 102 Path	(b) 3133 NW 102 Path		
	Principal office address of limited liability company (<u>Note: MUST_BE STREET ADDRESS</u>)	Mai	hing address of himted hability company Note: MAYBE POST OFFICE BOX)	
	Doral	Doral		
	FL, 33172	FL. 33172		
	6/7/2016	L160001098	391	
	Date of filing registration in Florida	4. De	ocument number	
(a)	Bryan Caceda			
	3133 NW 102 Path Registered Office Address		18 AUG	
			3 - 4 - 5	
(h)	Bryan Caceda Enter name of NEW Registered Agent and/or NEW Registere	d Office address	20 PM H	
(h)	Bryan Caceda	1	8 AUG 20 PM 4: 33 ALLAHASSEE, TLORIDA	
(h)	Bryan Caceda Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	1	20 PM 4: 33 SSEE, FLORIDA	

If 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 aftermative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.

Stephen Caceda

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 the obligations display position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect when the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Respister Agent

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