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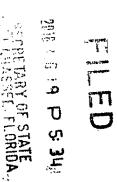
(Requestor's Name)						
(Address)						
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Global Motosparts Sales 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:						
Elizabeth Haglund Name of Person						
Global Motorsports Sales Firm/Company						
3906 Arnold Ave Address						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Elizabeth Hagland at (716) 397-6559 Name of Person Area Code & Daytime Telephone	Numbar					
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	vuilloes					
Enclosed is a check for the following amount:						
■ \$25 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. N	Name of the limited liability company:Globa	Motor	rsports?	Sales	LLC.
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	_		liability company: OFFICE BOX)
	Naples F1 34104	- <u>-</u>	Naple	s FI	34104
2	06/22/2016			001207	8
3.	Date of filing/registration in Florida	4.	Docum	nent number	
5. (a		DI 11 D			
	Registered Agent and Registered Office shown on the records of the	: Florida Dept	t. of State:		
	Registered Office Address (MUST BE FLORIDA STREET AD	DDECC)			
		<u>'DRESS)</u>			
	3906 Arnold Hoe				
	Naples Fl , FL	34104	4	三号 海	
	David O. Market			**************************************	THE STATE OF THE S
(b	b) Daniel K. Haglund Enter name of NEW Registered Agent and/or NEW Registered O	Office address		ARY I	
			•	- 유 - 면 - 명	Ö
	182 Via Perignon			STATE	
	NEW Registered Office Address:			34 TEA	
	Naples F1 34119				
	Naples Fl , FL	3411	19		
If the	e limited liability company is not organized under the laws	of the Stat	e of Florida, it	is hereby con	firmed that after
the c agen	change or changes are made, the Florida street address of that will be identical. Or, in the case of a Florida limited liab	he registere pility compa	d office and than it is hereb	e business off v confirmed th	ice of the registered
was/	were authorized/by an affirmative vote of the members of articles of organization or the operating agreement of the li	the limited	liability comp	any or as othe	rwise provided in
tiic a	articles of organization of the operating agreement of the fi		lizabett	Had	un al
Sig	gnature of a member or authorized representative of a member		Printed	or typed name o	f signee
provi the o to m	ereby accept the appointment as registered agent and agree visions of all statutes relative to the proper and complete p obligations of my position as registered agent as provided agrely reflect a change in the registered office address, I he fied in writing of this change.	e to act in the erformance for in Chap creby confir	his capacity. It is of my duties, oter 605, F.S. orm that the limi	further agree and I am fami Or, if this doc ited liability c	to comply with the liar with and accept ument is being filed ompany has been
Signa	nature of Registered Agent				