## 116000145577

(Requestor's Name)				
(Address)				
(Address)				
State/Zip/Phone	e #)			
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	s of Status			
Special Instructions to Filing Officer:				
	ress) State/Zip/Phone WAIT ness Entity Nar ument Number) Certificates			





000292319410

01/04/17--01003--011 \*\*25.00

2017 JAN -4 PH 12: 03

K. SALY JAN - 6 2017

## **COVER LETTER**

TO: Registration Section

Divi	ision of Corporations			
SUBJECT:	Lusso Motorsports LLC			
SOBJECT.	Name of Limited Liability Company			
Dear Sir or I	Madam:			
The enclosed	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.	
Please return	n all correspondence concerning th	is matter to the fol	lowing:	
Jill DiSalve	0			
	Name of Person	<del></del>		
DiSalvo &	Associates, PLLC			
	Firm/Company			
1760 N Jo	og Rd., Ste 150			
	Address			
West Pain	n Beach, FL 33411			
	City/State and Zip Code			
jdisalvo@	d-acpa.com			
E-mail	address: (to be used for future ann	nual report notifica	ition)	
For further i	nformation concerning this matter,	, please call:		
Jill DiSalve	0	561	659-1177	
	Name of Person	<del></del>	Area Code & Daytime Telephone Number	
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301	Regis Divis P.O. l	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
Enc	closed is a check for the following	; amount:		
☑ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy	
INHS18 (2/14	4)			

## 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.	Name of the limited liability company:	torsports LLC	
	(a)	(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7496 Ironhorse Blvd	74	96 Ironhorse Blvd
	West Palm Beach, FL 33412	We	est Palm Beach, FL 33412
	08/03/2016	L16	000145577
3.	Date of filing/registration in Florida	4.	Document number
5. (	(a)		•
	(a)	ds of the Florida Dept	of State:
	Buzz Team Marketing LLC		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	
	7496 Ironhorse Blvd		
	West Palm Beach	, FL_33412	2017 JAH - 4 PH 12: 03 PALLAH ASSFE, FLORIDS
			SST F ITT
(b)			
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office address	1.0kg
	Michael Basilicato		
	NEW Registered Office Address:	-	
	7496 Ironhorse Blvd		<u> </u>
	West Palm Beach	, FL 33412	
the cager was/the a Sign I he proving the control of the control o	the limited liability company is not organized under the change or changes are made, the Florida street address in the will be identical. Or, in the case of a Florida limite always and affirmative vote of the member articles of organization or the operating agreement of a member or authorized representative of a member ereby accept the appointment as registered agent and visions of all statutes relative to the proper and compobligations of my position as registered agent as properly reflect a change in the registered office address if ited in writing of this change.	ess of the registere ed liability comparers of the limited f the limited liabil.  Agree to act in the	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  HACL BASILICATO  Printed or typed name of signee  his canacity. I further agree to comply with the
Sign	nature of Registered Agent	-	