L17000127781

| (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: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | _ | | | | | | | |

Office Use Only



000332493190

08/05/19--01030--019 **190.00





COVER LETTER

| 10. | Division of Corporations | |
|---------|--|---|
| SUBJE | Daytona Motorcycle Proper | ty, LLC |
| SUBJE | | ne of Limited Liability Company |
| Dear S | ir or Madam: | |
| The en | closed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. |
| Please | return all correspondence concerning th | is matter to the following: |
| Aaror | n Sprague | |
| | Name of Person | |
| Dayto | ona Motorcycle Property, LLC | |
| | Firm/Company | |
| 118 E | East Fairview Avenue | |
| | Address | |
| Dayto | ona Beach, FL 32114 | |
| | City/State and Zip Code | |
| aspra | gue@bmwrides.com | |
| Ë | -mail address: (to be used for future and | nual report notification) |
| For fur | ther information concerning this matter. | , please call: |
| Aaror | n Sprague | 813 926-9937 ext 140 |
| | 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 following | 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.

| i. | Na | me of the limited liability company: Daytona Moto | orcycle | P | roperty, | LLC | |
|--------------------|--|--|---|--------------------|--|---|--|
| 2. + | (a) | 118 East Fairview Avenue | (b) 8509 Gunn Highway | | | | |
| | \- / | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| . , | N | - | f limited liability company: E POST OFFICE BOX) |
| | | Daytona Beach, FL 32114 | | - | Odessa, | FL 33556 | |
| | | | _ | - | <u> </u> | | |
| | | 09/28/2017 | | L | 1700012 | 27781 | |
| 3. | | Date of filing/registration in Florida | 4. | _ | | Document nu | mber |
| 5. | (a) | Paretti, Kenneth L., ESQ | | | | | |
| ٥. | (u) | Registered Agent and Registered Office shown on the records of | the Florid | a E | Pept. of State | ¢ | |
| | | 1 SE 3RD AVENUE | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET) | 4DDRES. | <u>S)</u> | _ | | |
| | | SUITE 1405 | | | | | |
| | | Miami | 33131 | | | | |
| | | | · | | | | . •2 |
| • (| (b) | Aaron Sprague | | | | | 是是 |
| | | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | <u>ess</u> : | | AUG |
| | | 8509 Gunn Highway | | | | | TARY ASS |
| | | NEW Registered Office Address: | | | | | |
| | | | | | | | विद्य २२ |
| | | | | - | | | RIO. |
| | | Odessa | 33556 |) | | | • |
| the age was | cha nt w s/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the regi ability co of the lin | iste om nite | ered office apany, it is ed liability | and the busin hereby confir company or a | less office of the registered |
| | | | Aa | ro | n Spragu | | |
| | | ure of a member or authorized representative of a member | | | | Printed or typed | · · |
| pro the to n | eret visio obli nere ified | y accept-the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, to writing of the change | ee to ac perform d for in hereby c | t in ian Ch | n this capa ice of my a <u>apter</u> 605, firm that t | city. I further luties, and I a F.S. Or, if th he limited lial | r agree to comply with the m familiar with and accept its document is being filed bility company has been |
| Sign | natur | e of Registered Ageint | | | | | |