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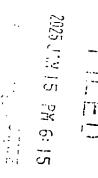
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COVER LETTER

TO:		stration Section sion of Corporations			
SUBJI	ECT:	MASTER MOTORCYCLE C	LASSICS, LI	LC	
			Name of Li	mited	Liability Company
Dear S	Sir or N	1adam:			
The er	closed	Registered Agent/Registered	l Office Cha	nge ai	nd fee(s) are submitted for filing.
Please	return	all correspondence concernit	ng this matte	r to th	ne following:
THER	ESA M	. KENNEY, ESQ.			
		Name of Person			
DUSS	KENN	EY SAFER HAMPTON & JOC	OS, P.A.		
		Firm/Company	1.100		
4348 S	OUTH	POINT BOULEVARD, SUITE	101		
		Address			
JACKS	SONVE	LLE, FL 32216			
		City/State and Zip Co	ide		
E	E-mail :	address: (to be used for future	annual repo	ort no	tification)
For fu	rther in	formation concerning this ma	atter, please	call:	
	THERI	ESA M. KENNEY, ESQ.	at (_	904	543-4311
		Name of Person			Area Code & Daytime Telephone Number
	Regi Divis P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Encl	osed is a check for the follow	wing amoun	t:	
	■ \$2	5 Filing Fee		0	\$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.

١.	Na	une of the limited liability company: MASTER MOTOR	RCYCI	.E C	LASSICS,	, LLC		
2	(a)	MASTER MOTORCYCLE CLASSICS, LLC	((b) _	MASTE	R MOTORCYCLE CI	LASSICS.	. LLC
	(4)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	<u> </u>	· · / -		lailing address of limited (Note: MAY BE POST		
		757 ST. JOHNS BLUFF ROAD			26 J.	ARDIN DE MER PLA	ACE	
		JACKSONVILLE, FL 32225	_	_	JAC	KSONVILLE BEACE	H, FL 322	50
		JANUARY 28, 2020				1.20000034743		
3.		Date of filing/registration in Florida	4.		Γ	Document number		
5	(a)	JOHN S. DUSS, IV						
٠.	(4,)	Registered Agent and Registered Office shown on the records of the	e Flori	ia De	ept. of State:	:		
		DUSS KENNEY SAFER HAMPTON & JOOS						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2029	
		4348 SOUTHPOINT BOULEVARD, SUITE 101					2025 (17.4	1:
		JACKSONVILLE,	32216					1
		, FL_					.വ വ	111
	(b)						Ţĸ	
		Enter name of NEW Registered Agent and/or NEW Registered C	Office a	ddre	<u>'88</u> :	• • • • • • • • • • • • • • • • • • • •	. öj	
	DUSS KENNEY SAFER HAMPTON & JOOS, P.A.					. 1	ुं अ	
		NEW Registered Office Address:						
		4348 SOUTHPOINT BOULEVARD, SUITE 101						
		JACKSONVILLE , FL	32216					
age wa the	ange ent/ s//ve arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the rivil be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cleroftarganization of the operating agreement of the liabere of a member or authorized representative of a member	egiste oility c the lii mited	red omp nite liab	office and pany, it is l d liability pility comp ESA M. KE	the business office of hereby confirmed the company or as othe	of the reg at the charwise pro rized Repr	gistered ange(s) ovided in
pro the to no	oviși obli mere tifiea	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paint of any position as registered agent as provided of reflect a change in the registered office address. I he is not that of this change	e to ac erforn for in ereby c	et in ianc Cha confi	this capac re of my di ipter 605, irm that th	city. I further agree uties, and I am famil F.S. Or, if this docu ne limited liability co	to compl iar with anent is l impany h	ly with the and accept being filed as been

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