

L23000046913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

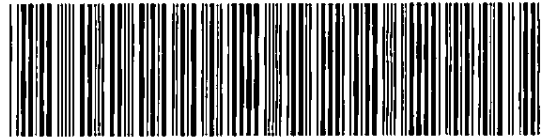
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2024 JAN 29 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Team D & B Motorsports

\_\_\_\_\_  
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:

David P. Cockrum

\_\_\_\_\_  
Name of Person

Team D & B Motorsports, LLC

\_\_\_\_\_  
Firm/Company

550 Gus Hipp Blvd, Suite 7

\_\_\_\_\_  
Address

Rockledge, FL

\_\_\_\_\_  
City/State and Zip Code

David.DBMotorsports@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David P. Cockrum

321 506-2970  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

*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.*

2. (a) 550 Gus Hipp Blvd. Suite 7  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) Same  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

1.23000046913

INHS18 (2/14)