L23000046913

(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:						
-						
##12						

Office Use Only



300422737783

01/29/24--01020--014 ++55.00



COVER LETTER

TO:

Registration Section

Division of Corporations						
Team D & B Motorsports						
SUBJECT: Name of Lim	T:Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter t	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	44.50					
David.DBMotordsports@gmail.com						
E-mail address: (to be used for future annual report	t notification)					
For further information concerning this matter, please ca	alt:					
David P. Cockrum 32 at (
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	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					
INHS18 (2/14)						

STATEMENT ÓF 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.	Na	me of the limited liability company: Team D & B Motors	sport	s, L	LLC	
2. (:	1)	550 Gus Hipp Blvd, Suite 7		(b)	Same	
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	,-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Rockledge, FL. 32955	-			
		January 25, 2023	•	1	1.23000046913	
3.		Date of filing/registration in Florida	4.	_	Document number	
5. (a)	Cheyenne, Moseley, US Corp Agents				
J. (a)	,				Dept. of State:	181 181
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ب <u>ح</u> ب	
		Jacksonville, FL.32202		三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	至三	
		, FL				TOTAL JAN 29 AM II: 29
a	. 1	David P. Cockrum			 교	
(b));	Enter name of NEW Registered Agent and/or NEW Registered Office add		dress:	1. 29	
		550 Gus Hipp Blvd, Suite 7			٠.	•
		NEW Registered Office Address:				
		Rockledge, FL. 32955				
						
		121				
		, FL				
chan agen was/	ge 1 w	mited liability company is not organized under the laws or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the plos of organization op the operating agreement of the line.	gist ility the l	erec con imi	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
	ركور	well lack	D	avid	d P. Cockrum	
		ure of a member or authorized representative of a member	_		Printed or typed name of signee	
I he prove the or notif	reh isto bli ere ìea	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe ignions of my position as registered agent as provided f of reflect a change in the registered office address, I her in writing of this change.	to a erfor or in reby	ict i mai i Cl cor	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	
Sign	alur	e of Registered Agent				