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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

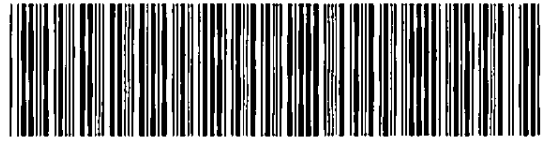
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COVER LETTER

TO: Registration Section
Division of Corporations

Jeremy Smith Racing LLC

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:

Attn: Jamie Ruffo

Name of Person

Coughlin & Gerhart, L.L.P.

Firm/Company

99 Corporate Drive

Address

Binghamton, NY 13904

City/State and Zip Code

jruffo@cglawoffices.com

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

For further information concerning this matter, please call:

Jamie Ruffo

607

723-9511

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) 400 Lakeshore Pointe Blvd., Mount Dora, FL 32757
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 400 Lakeshore Pointe Blvd., Mount Dora, FL 32757
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

5. (a) Northwest Registered Agent LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

Jeremy Smith

NEW Registered Office Address:

400 Lakeshore Pointe Blvd.

Mount Dora

FL 32757

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2024 APR 16 PM 2:47
ST. LOUIS, MO
TALTON, JR.