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(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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B. KOHR

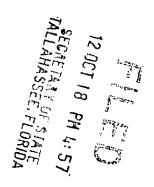
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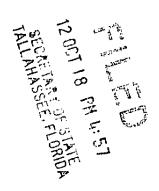
FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2012

MICHAEL MORRISSEY GREEN SAVOREE ST. PETERSBURG, LLC 250 E. 96TH STREET, STE. 225 INDIANAPOLIS, IN 46240

SUBJECT: GREEN SAVOREE ST. PETERSBURG, LLC

Ref. Number: M04000003635



We have received your document for GREEN SAVOREE ST. PETERSBURG, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Since your company is an LLC and not a corporation, it must use the LLC Registered Agent change form.

Please complete and sign the enclosed form.

ALSO, the name of the company listed on your form is GREEN SAVOREE RACING PROMOTIONS, LLC.

Since no such name is listed on our records, we assume you meant to enter GREEN SAVOREE ST. PETERSBURG, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 412A00022714

COVER LETTER

TO:	Registration Section Division of Corporation	ons			
		Croon Sovers	o St. Dot	tamahum 110 S	restly for
SUB.	JECT:	Green Savored Name of Limited			2 April 1
		Name of Emilies	a Eldollity	Political Politi	10 Tong 13
Dear	Sir or Madam:				72
The e	enclosed Registered Age	nt/Registered Office	Change and	nd fee(s) are submitted for filing.	
Pleas	e return all corresponde	nce concerning this m	atter to the	e following:	ROA
	Michael	Morrisey			
	Name of				
		t. Petersburg, LLC			
	Firm/Co	mpany			
	250 E 96th St	reet, Suite 225			
	Addre	ss			
	Indianapoli	s, IN 46240			
	City/State an	d Zip Code			
	mmorrisey@gr E-mail address: (to be used for f	eensavoree.com uture annual report notificati	on)		
For f	urther information conc	erning this matter, ple	ase call:		
	Michael Morris	sey at (317)	569-5003 x204	
	Name of Person		Are	ea Code & Daytime Telephone Number	
	STREET/COURIER	ADDRESS:	MAIL	LING ADDRESS:	
	Registration Section				
	Division of Corporation	ns	Division of Corporations P.O. Box 6327		
	Clifton Building	Recutive Center Circle Tallahassee, Florida 32314			
	Tallahassee, Florida 32		ranan	1 1011dd 52514	
	Enclosed is a check	for the following am	ount:		
	\$25 Filing Fee		\$55 H	Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Green	e of the limited liability company: Green Savoree St. Petersburg, LLC				
2. (a) Principal office address of limited liability company	250 E 96th Street, Suite 225				
(Note: MUST BE STREET ADDRESS)	Indianapolis, IN 46240				
(b) Mailing address of limited liability company:	20 00				
(Note: MAY BE POST OFFICE BOX)					
10/9/12	SS. PH				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Timothy Ramsberger				
Registered Office Address:	25 2nd Street North, Suite 160 St. Petersburg, FL 33701				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: Timothy Ramsberger:					
NEW Registered Agent:					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Green Savoree St. Petersburg, LLC One Beach Drive SE, #42 St. Petersburg ,FL33701				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.					
Signature of a member or authorized representative of a member	_				
D. Kevin Savoree Printed or typed name of signee	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				

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