

AUG. 22. 2006 3:42PM  
Division of Corporations

TRIPP\_SCOTT

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**M84327**

Florida Department of State  
Division of Corporations  
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From: Account Name : TRIPP SCOTT, P.A.  
Account Number : 075350000065  
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**REGISTERED AGENT CHANGE**

**STEEDA AUTOSPORTS, INC.**

Certificate of Status	0
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TRIPP\_SCOTT

NO. 926576(P). 22/1/20

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STEEDA AUTOSPORTS, INC.
2. The principal office address: 2241 Hammondville Road, Pompano Beach, Florida 33069 US
3. The mailing address (if different): same
4. Date of incorporation/qualification: June 2, 1988 Document number: M84327
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

HRAWG CORP.

1801 N Military Trail, Suite 200

Boca Raton, Florida 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JARRETT E. COOPER, ESQ.

**c/o Tripp Scott PA, 110 SE 6 St, 15th Floor**

(P.O. Box NOT acceptable)

Fort Lauderdale, Florida 33301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

**Dario Orlando, President**

(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

## Poste

If signing on behalf of an entity:

(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
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