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DIVISION OF CORPORATION

11 SEP 27 PM 12: 28

RARD Ch. 8
(10) 9/28/11

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: OCALA TRACTOR PULL, INC. Name of Corporation						
DOCUMENT NUMBER: N0700004210						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
rease return an correspondence concerning any matter to the following.						
Michael D. Lokai						
Name of Contact Person						
Ocala Tractor Pull, Inc.						
Firm/Company						
9529 SW 34th Place						
Address						
Ocala, FL 34481						
Ocala, FL 34481 City/State and Zip Code						
CEH DOC @ YAMD. COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Michael Lokai at (352) 843-0146						
Michael Lokai at (352) 843-0146 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Street Address:						
Amendment Section Amendment Section						
Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle						

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of cha	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of Florida	
1. The name of	the corporation: OCAL	A TRACTOR	PULL, INC		
2. The principal office address: 9529 SW 34th Place, Ocala, Florida 34481					
3. The mailing a	address (if different):_Sa	me			
4. Date of incor	poration/qualification:	4/26/2007	Document number:	N07000004210	
	d street address of the cur rtment of State: (If resign		nt and registered office on t	file with the	
	LOKAI, MARTHA	<u> </u>			
	9531 SW 34TH PLACE				
	OCALA FL 34481	US			
6. The name and (if changed):	d street address of the nev	v registered agent (if changed) and /or register	SECRETARY OF SIATES TO SECRETARY O	
	9529 SW 34th Plac	<u> </u>		ORPO S	
	9029 OVV 04111 1 lac	P.O. Box NOT ac	ceptable		
	Ocala, FL 34481 L	JS		28	
The street address changed will	ess of its registered offic l be identical.	e and the street ad	dress of the business offic	e of its registered agent,	
Such change wathorized by	as authorized by resoluti he board or the corporat	on duly adopted b	y its board of directors or led in writing of the chang	by an officer so	
1/4	re of an officer or director		Michael D). Lokai Pres Sec	
I hereby accept I further agree of my duties, ar document is be corporation has	the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflec s been notified in writing	stered agent and a sions of all statute I accept the obliga t a change in the r g of this change.	ngree to act in this capacil is relative to the proper an ition of my position as reg egistered office address, l	ly. id complete performance istered agent. Or, if this hereby confirm that the	
Robin Sig	Dalax gnature of Registered Agent	<u> </u>	09/24/2 Date	2011	
If signing on be	chalf of an entity:				
Robin	S A Zabar 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 (705)

CR2E045 (8/05)