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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** DelaFina Racing Name of Corporation N13000007588 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: Rebekah G. Hope Name of Contact Person Firm/Company 555 Selva Lakes Circ Address Atlantic Beach FL 32233 City/State and Zip Code delafinaracing@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rebekah Hope Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	nnge is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, poration organized under the laws of the State of Horid office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: DelaFir	na Racing	
2. The principal	office address: 555 Se Beach, FL 32233	Iva Lakes Circ	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 8/2	2013	588
	d street address of the curr rtment of State: (If resigne	rent registered agent and registered office on file with the ed, enter resigned)	
	Sharon Smith	Title: P RESIGNED	
	227 San Juan Dri	ive	
	Ponte Vedra, FL	32082	方面
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or registered office	किंकि क
	Lauren M. Diaz	Title: P	· : : : : : : : : : : : : : : : : : : :
	15736 87th Trl N		9: 04
	Palm Beach Gard	P.O. Box NOT acceptable dens, FL 33418	,•
The street addr	ess of its registered office be identical.	e and the street address of the business office of its registe	ered agent,
		on duly adopted by its board of directors or by an officer son has been notified in writing of the change.	
Kelabeth	Morle  are of an officer or director	Rebekah Hope	
_	1	Printed or typed name and title stered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete iliar with and accept the obligation of my position as regi I merely to reflect a change in the registered office addre been notified in writing of this change.	istered ss, I
Va .	Anature of Registered Agent	5/10/2016	
•	chalf of an entity:	Date	
Lauren M.	•		
	Typed or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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