

P03000099923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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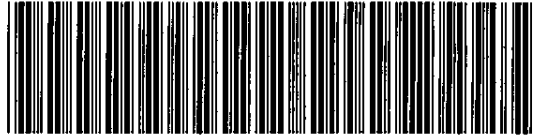
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APBA OFFSHORE RACING ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: 903000099923

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:

VICTORIA WAARDENBURG
(Name of Contact Person)

APBA OFFSHORE RACING ASSOCIATION, INC.
(Firm/Company)

445 WEST DRIVE, SUITE 101
(Address)

MELBOURNE, FLORIDA 32904
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTORIA WAARDENBURG at (321) 768 2984 x138
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FEB 26 AM 8:00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2008

VICTORIA WAARDENBURG
APBA OFFSHORE RACING ASSOCIATION, INC.
445 WEST DR., SUITE 1-1
MELBOURNE, FL 32904

SUBJECT: APBA OFFSHORE RACING ASSOCIATION, INC.
Ref. Number: P03000099923

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 108A00009982

**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: APBA OFFSHORE RACING ASSOCIATION, INC.
2. The principal office address: 445 WEST DRIVE, SUITE 101
MELBOURNE, FLORIDA 32904
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/11/2003 Document number: P030000099923
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GREGORY J. HUMPHRIES
300 S. ORANGE AVENUE, STE 1000
ORLANDO FL 32801

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

ROBERT BULL
445 WEST DRIVE, SUITE 101
(P.O. Box NOT acceptable)
MELBOURNE, FLORIDA 32904

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TALLAHASSEE, FLORIDA

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.

Robert Bull
(Signature of an officer or director)

ROBERT BULL
(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.

Robert Bull
(Signature of Registered Agent)

02/22/2008
(Date)

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
CR2E045 (8/05)