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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: QUALITY MOTORSPORT INC. (Name of corporation)				
(C. Marie C. Marie				
DOCUMENT NUMBER: P07000118033				
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:				
ALEJANDRO PUIG				
(Name of contact person)				
QUALITY MOTORSPORT INC.				
(Firm/Company)				
PO BOX 523946 (Address)				
MIAMI, FL. 33152				
(City/state and zip code)				
For further information concerning this matter, please call:				
ALEJANDRO PUIG 36 305 696-9631				
ALEJANDRO PUIG (Name of contact person) at (305) 696-9631 (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 409 E. Gaines Street Tallahassee, FL 32399				

CR2E045(6/04)

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

Pursuant to the	provisions of sections 607.0502, 617.050	02, 607.1508, or 617.1508, Florida Statutes, this	s
statement of ch	ange is submitted for a corporation organ	nized under the laws of the State of FLORIDA	· · · · · · · · · · · · · · · · · · ·
in ord	er to change its registered office or regist	ered agent, or both, in the State of Florida.	
1. The name of	the corporation: QUALITY MOTORSPO	RTS INC.	
2. The principa	l office address: 7132 NW 35 AVE		
MIAMI, FL.			
3. The mailing	address (if different): PO BOX 523946		
	33152-3946		
4. Date of incor	poration/qualification: 08/13/2004	Document number: P04000118033	<u> </u>
	d street address of the current registered a rtment of State:	gent and registered office on file with the	SEP 2
	DESI SALUDES	SEE	- [
	342 E 36 ST	E S	ë D
	HIALEAH, FL. 33013	ORID.	32
6. The name an (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	
	ALEJANDRO PUIG		
	817 WALLACE CORAL GABLES, FI	L 33134	
,	(P.O. Box NOT acceptable		
as changed wil	l be identical.	address of the business office of its registered d by its board of directors or by an officer so otified in writing of the change.	agent,
(Signature of an others or director)		DESI SALUDES (PRESIDENT) (Printed or typed name and title)	
I further agrée of my duties, a document is be	t the appointment as registered agent an to comply with the provisions of all stat and I am familiar with and accept the obl ing filed merely to reflect a change in th y been notified in writing of this change	utes relative to the proper and complete perfo igation of my position as registered agent. Of le registered office address. I hereby confirm t	rmance r, if this hat the
	granuse of Registered Agent)	09/14/2004 (Date)	-
	chalf of an entity:		
(Typed or Printed Name)		

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