

PD4000150344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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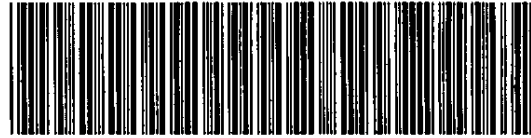
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1-2308

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rose Motorsports, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P04000 150 344

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:

JAMES H. ROSE JR.  
Name of Contact Person  
Rose Motorsports Inc  
Firm/Company  
2323 Bruner Ln Unit A  
Address  
Fort Myers FL 33912  
City/State and Zip Code  
JR12@Earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES ROSE JR at (239) 896-2882  
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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROSE MOTOR SPORTS INC.
2. The principal office address: 2323 Bruner Ln.  
Fort Myers FL 33912
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11-2-2004 Document number: PD4000150344

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

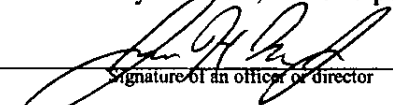
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

JAMES ROSE JR  
14640 Summer Rose Way  
P.O. Box NOT acceptable  
Fort Myers FL 33919

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

James H. Rose JR VP, Sec, Director  
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

1-17-17  
Date

If signing on behalf of an entity:

James H Rose JR.  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6227, TALLAHASSEE, FL 32314

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