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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| · (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORID

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, the undersigned corporation organized under the laws of the State of FLORIDA | |
|--|---|
| submits the following statement in order to change its registered office or registered agent, or both, in | |
| the Seaso of Florida | |
| 1. The name of the corporation: FUN KING MOTORCY CUES INC. | |
| | |
| 2. The mailing address of the corporation: 2885 ELECTRONICS TR | |
| SUITE C.5 MELBOURNE FO 32935 | |
| 3. Date of incorporation/qualification: 3 1 S Document number: Possos STR6 | 1 |
| 4. The name and address of the current registered agent and office: | |
| Johnny Chumbler | |
| Lenguirod Dr | |
| Metbovine Re 32931 | |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): | |
| (P. O. Box Not Acceptable) | |
| | |
| _ 30315 Sweet Cale 18r | |
| Melbourne Fi 32935 | |
| 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. | |
| (x) (x) | |
| (Signature of an officer, chairman or vice chairman of the board) (Date) | |
| (Printed or typed name and title) | |
| Having been named as registered agent and to accept service of process for the above stated | |
| corporation. 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 | |
| performance of my duties and I am familiar with and accept the obligation of my position as registered agent, | |
| ∞ | |
| (Signature of Registered Agent) (Date) | |
| If signing on behalf of an entity: | |
| (Typed or Printed Name) (Capacity) | |
| | |

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

P.O. Boy 6327

TALLAHASSEE, FL 32314

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