

P05000106199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

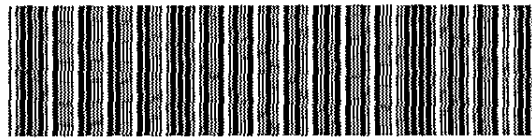
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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RA Change

09/21/06

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tri-County Motorsports, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000106199

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:

Mike Halloran
(Name of Contact Person)

(Firm/Company)

6381 Arbor Ave
(Address)

H. Myers, FL 33905
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Halloran at (941) 915-8400
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2006

MIKE HALLORAN
TRI-COUNTY MOTORSPORTS, INC.
6381 ARBOR AVE.
FT. MYERS, FL 33905

SUBJECT: TRI-COUNTY MOTORSPORTS, INC.
Ref. Number: P05000106199

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE WRONG FORM WAS SUBMITTED TO CHANGE THE REGISTERED AGENT. PLEASE COMPLETE THE ENCLOSED FORM AND RETURN FOR FILING.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 506A00055341

**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: Tri-County Motorsports, Inc.
2. The principal office address: 6381 Arbor Ave
 Ft. Myers, FL 33905
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/29/05 Document number: P05000106199

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

MIKE HALLORAN

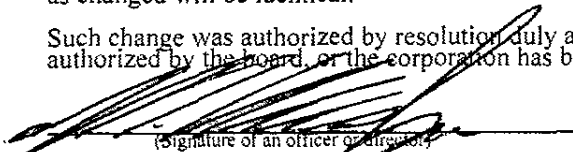
6381 Arbor Ave

(P.O. Box NOT acceptable)

Ft. Myers, FL 33905

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)

MIKE HALLORAN
(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)

9/18/06
(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)

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DIVISION OF CORPORATIONS
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