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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222~1092

Phone Fax Number

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REGISTERED AGENT CHANGE FLORIDA TRACK & POWER, INC.

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9/18/2014

COVER LETTER

TO: Amend Divisi	dment Section on of Corporations	
FI SUBJECT:	ORIDA TRACK & POWER, INC.	
JOBOLCI	Name of Corp	oration
DOCUMENT	P09000010680 NUMBER:	
The enclosed S	Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return a	all correspondence concerning this matter to	the following:
	Vera Penev	
	Name of Contact	et Person
	Ungaretti & Hatris LLP	
	Firm/Comp	Pany
	70 West Madison Street	
	Addres	5
	Chicago, IL 60602	
	Chicago, IL 60602 City/State and 2	Zip Code
	vhpenev@uhlaw.com E-mail address: (to be used for futu	re annual report notification)
	•	•
For further inf	ormation concerning this matter, please call	ls.
Vera	Penev	at (312) 977-4459 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a !	\$35.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassec, FL 32314	2661 Executive Center Circle

CR2E045 (03/12)

14 SEP 18 AH 10: 31

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

statement of cha	inge is submitted for a corporation organ	22, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida	
		ered agent, or both, in the State of Florida.	
1. The name of	the corporation: FLORIDA TRACK & PO	WER, INC.	
2. The principal	office address: 37925 VITALITY WAY	DADE CITY, FL 33523	
3. The mailing a	iddress (if different): P.O. BOX 500 DAD	E CITY, FL 33526	
4. Date of incorp	poration/qualification: 02/03/2009	Document number: P09000010680	
	d street address of the current registered r riment of State: (If resigned, enter resigne	igent and registered office on file with the ed)	
	MURPHY, DAVID J, ESQUIRE		
	14217 THIRD ST		
	DADE CITY, FL 33523-3828		ALL SEC
6. The name and (if changed):	i street address of the new registered age	nt (if changed) and /or registered office	CRETARY OF STATE
	C T Corporation System		SEE,
	c/o C T Corporation System, 1200 South Pine Island Road		
	P.O. Box NOT Plantation, Florida 33324	T accuptable	DRIE DRIE
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered ag	ent,
Such change we authorized by th	as authorized by resolution duly adopted to board, or the corporation has been no	d by its board of directors or by an officer so stifled in writing of the change.	
Maili	Val of the afficer of director	Printed or Typod name and title	_
I hereby accept I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and c is document is being filed merely to ref that the corporation has been notified i	d agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.	
C T Con	poration System JON James M. Halpin ANSIStant Secretary		_
	half of an entity:		
	yped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	
M/ CR2E045 (03/12)	Make checks payable to Flo all to: Division of Corporations, P.	ORIDA DEPARTMENT OF STATE O. BOX 6327, TALLAHASSEE, FL 32314	

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