## P12000100990

(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone #)	<del> </del>
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	,
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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SECRETARY OF BRIDA



MAR 1 4 2016 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: MGD Racing Frc. Name of Corporation			
DOCUMENT NUMBER: 712 565 166 990			
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:			
Andrea Fuller Name of Contact Person			
MG & Racing Fnc			
4292 Corporate Square Site C			
Naples, FL 34104 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (239) 687 - 5830  Area Code & Daytime Telephone Number			
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  Street Address:  Amendment Section			
Amendment Section Amendment Section  Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



March 2, 2016

ANDREA FULLER WB LENDING INC 4292 CORPORATE SQUARE - STE. C NAPLES, FL 34104

SUBJECT: MGD RACING, INC. Ref. Number: P12000100990

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

Please complete/submit the document in its entirety.

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) 245-6050.

Letter Number: 416A00004370

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## 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: MGD Racing, Inc.
2. The principal office address: 4292 Corporate Square Suite C
Naples, FL 34104
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/11/26/2 Document number: P12666100990
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)
David N. Sexton
824 5th Avenue S. #106 = =
Naples FL 34102
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David N. Sexton
4292 Corporate Square Suite C P.O. Box NOT acceptable
Naples FL 34104
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 of director  David N. Seyton, Prosident  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.
Lalleton 2-22-16
Signature of Registered Agent Date
If signing on behalf of an entity:
David N. Section 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 (03/12)