

PI5 000047215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

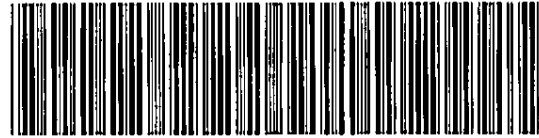
(Business Entity Name)

(Document Number)

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8/23/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Robin Team Show Racing Corp
Name of Corporation

DOCUMENT NUMBER: P15000047215

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:

Marcel Garcia
Name of Contact Person

Robin Team Show Racing Corp
Firm/Company

20937 Bay Ct, Apt 110
Address

Aventura, FL 33180
City/State and Zip Code

Marcel.ali.1999@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcel Garcia at (914) 314 9854
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Robin Team Show Racing Corp
2. The principal office address: 20937 Bay Ct, Apt 118, Aventura, FL, 33180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/27/2015 Document number: P15000047215
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)

Marcel F. Garcia Sistiaga
20937 Bay Ct, Apt 118, Aventura,
FL, 33180

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

Marcel Ali Garcia Rondon
20937 Bay Ct, Apt 118, Aventura,
FL, 33180

P.O. Box NOT acceptable

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

Signature of an officer or director

Marcel F. Garcia Sistiaga (Owner)

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

Signature of Registered Agent

08/04/2021

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 (04/13)

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SECRETARY OF STATE
TALLAHASSEE, FL