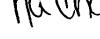
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(Re	equestor's Name)	1		
(Address)				
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(Ĉi	ty/State/Zip/Phon	ne #)		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK UP:	9-21-16
		CERTIFIED COPY	
	X	РНОТОСОРУ	
		cus	
		FILING	Statement of Change
1.		Streetrod Production (CORPORATE NAME AND DOCUMENT #)	Statement of Change ins, Inc.
2.		(CORPORATE NAME AND DOCUMENT #))
3.		(CORPORATE NAME AND DOCUMENT #)	
4.		(CORPORATE NAME AND DOCUMENT #)	
5.	-	(CORPORATE NAME AND DOCUMENT #)	
6.	-	(CORPORATE NAME AND DOCUMENT #)	
	ECIAI TRU	CTIONS:	

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or regist	nized under the laws of the State of Florida
1. The name of the corporation: Streetrod Production: 2. The principal office address: 9738 US HWY 44. Leesburg, FL 34788	ions, Inc. 1, Suite 107
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/25/2015	Document number: P15000071384
The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	
Ressler, Perry	
9738 US HWY 441, Suite 10	7 AEC TO
Leesburg, FL 34788	P 2
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office
Ressler, Perry	& & & & & & & & & & & & & & & & &
510 County Road 466, Suite	202
P.O. Box NO	
Lady Lake, FL 32159	
The street address of its registered office and the street as changed will be identical. Such change was authorized by resolution duly adopte authorized by the board or the corporation has been not	
authorized by the board or the corporation has been no	otified in writing of the change,
JULI	Joseph W. Pritchard, President
I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all state performance of my dulies, and I am familiar with and agent. Or, if this document is being filed merely to repereby confirm that the corporation has been notified	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, i
	09/20/2016
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING F	EE: \$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)