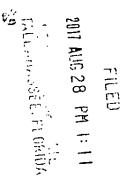
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C. GOLDEN AUG 3 0 2017

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TRACK RACING AFRO PARTS ACCUSSORIES Name of Corporation
DOCUMENT NUMBER: P16000075157
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:
AUDREY LORRAINE HOD
Firm/Company
14985 S.W. 109 LANS Address
MIAMI FLORIDA 33196 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Audrey L. Hoo at 305, 484-0994 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

CR2E045 (03/12)

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: TRACK RACING AGRO PARTS ACCESSORIES C
2. The principal office address: 14985 SW 109 LN
MIAMI, 1-C 33196
3. The mailing address (if different): SAME AS ABNG
4. Date of incorporation/qualification: Sept. 20 2016Document number: P16000075157
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)
INCORP SORVIERS, INC SE E
17888 GF COULD NOTTHE & TOWN HATCHEE FL 33470 & 28 7
6. The name and street address of the new registered agent (if changed) and /or registered office.
- LUDRBY L. HOD
14985 SW 109 LN
MIRMI, FC 33196
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 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 AUDROY L. HOD
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *