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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE LETS RACE MOTORSPORTS, INC

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

statement of che	, inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Ste 1 organized under the laws of the State of <mark>Flo</mark> 1 registered agent, or both, in the State of Flo	rida
1. The name of	the corporation: LETS RACE MOTO	DRSPORTS, INC	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/21/22	Document number: P220000250)76
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with resigned)	the
	FLORIDA REGISTERED AGENT L	LC	
	7901 4TH ST N STE 300		
	ST. PETERSBURG, FL 33702		2023 ≎પુ
6. The name and street address of the new register (if changed):		ed agent (if changed) and /or registered offic	2023 MAY 23
	Registered Agents Inc		AH SSE
	7901 4th St N STE 300		
	St. Petersburg FL 33702	P.O. Box NOT acceptable	S6
as changed will	be identicăl.	street address of the business office of its r	
	•	dopted by its board of directors or by an of een notified in writing of the change.	ficer so
	March May	Kevin Missig - President	
-	re of an officer of director	Printed or typed name and title	
l further agrée i of my duties, an document is bei	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this c	ent and agree to act in this capacity, all statutes relative to the proper and compl he obligation of my position as registered a e in the registered office address, I hereby hange.	ete performance igent. Or, if this confirm that the
David Schools		05/23/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts			
ľ	ped or Printed Name		

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