

P96000053188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

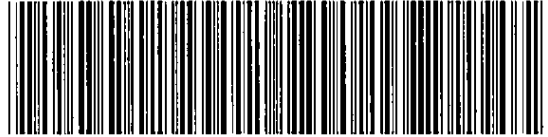
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/14/23--01018--011 **35.00

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2023 DEC 14 AM 6:51
STATE
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AB

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Motor sports Unlimited, INC.
Name of Corporation

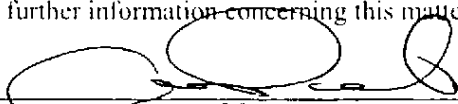
DOCUMENT NUMBER: P96000053188

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:

DAVID F Petrantoni
Name of Contact Person
motorsports Unlimited, INC
Firm/Company
3218 Crescent Oaks Blvd
Address
Tarpon Spring FL 34688
City/State and Zip Code
Petrantoni59@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:


Name of Contact Person at (727) 638-7879
Area Code & Daytime Telephone Number
727-638-8755

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 FLA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: motorsports Unlimited, Inc.
2. The principal office address: 4824 Alt 19
Pan Harbor Fla 34688
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
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)

Constance W Petrantoni
P.O. Box 2621
Tarpon Springs FL 34688

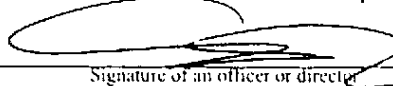
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

2892 GULF TO BAY
P.O. Box NOT acceptable
Clearwater FL 34615

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2023 DEC 14 AM 6:51
CLERK OF THE COURT

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

Constance Petrantoni
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

12/1/23
Date

If signing on behalf of an entity:

Constance Petrantoni
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
CR21045 (04/13)