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COVER LETTER

TO: Amendment Section Division of Corporations XTREME POWERSPORTS, INC. Name of Corporation 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: Deborah Tracy Name of Contact Person Law Offices of Deborah Rose Tracy PA Firm/Company Post Office Box 101 Address Valrico, FL 33595 City/State and Zip Code deborah@dtracylaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah Tracy Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

> Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:

P.O. Box 6327

Amendment Section
Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: XTREME POWERSPORTS, INC.	
2. The principal 1019 S. U	office address:	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 04/09/1999 Document number: P99000032841	
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	TRACY, DEBORAH R	
	150 E BLOOMINGDALE AVE, SUITE 122	
	BRANDON, FL 33511 26 2	
6. The name and (if changed):	BRANDON, FL 33511 I street address of the new registered agent (if changed) and /or registered office.	Π =
	Law Offices of Deborah Rose Tracy PA	Π
	10150 Highland Manor Drive, Suite 200	\supset
	P.O Box NOT acceptable Tampa, Florida 33610	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	•
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatur	re of an officer or director Printed or typed name and title	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change. Date	
If signing on be	half of an entity:	
Dilxer	yold or Printed Name Iraccy it President	

* * * FILING FEE: \$35.00 * * *
E CHECKS PAYABLE TO FLORIDA DEPARTMENT OF