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COVER LETTER

TO: Amendment Section Division of Corporations		,
SUBJECT:The Unite	d States Pony C	Clubs, Inc.
DOCUMENT NUMBER:	F1000000	3533
The enclosed Statement of Change of Re	gistered Office/Agent	and fee are submitted for filing.
Please return all correspondence concern	ing this matter to the f	ollowing:
	Sabrina Tillapau	gh
-	Name of Contact Per	rson
NR/	Al Corporate Servi	ces, Inc.
	Firm/Company	
	60-12 Nason Stre	eet
	Address	
	Maynard, MA 017 City/State and Zip C	754
	City/blate and Zip C	out
	stillapaugh@nrai.c	
E-mail address: (to	oe used for future an	nual report notification)
For further information concerning this m	atter, please call:	
Cabrina Tillanayah		079 007 0004
Sabrina Tillapaugh Name of Contact Person	at (978) 897-0024 rea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable	to the Department of	State.
Mailing Address	<u>.:</u>	Street Address:
Amendment Sec		Amendment Section
Division of Cor	porations	Division of Corporations
P.O. Box 6327 Tallahassee, FL	32314	Clifton Building 2661 Executive Center Circle
i alialiassee, l'L	, JAJ17	2001 Executive Center Chele

Tallahassee, FL 32301

TO:



March 22, 2011

Via US Mail

Division of Corporations Florida Department of State PO Box 6327 Tallahassee, FL 32314

Re: United States Pony Clubs, Inc.

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

Change of Registered Agent

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

Sabrina Tillapaugh

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

statement of char	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Kentucky to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: The United States Pony Clubs, Inc.
2. The principal of	office address: 4041 Iron Works Parkway, Lexington, KY 40511-8483
3. The mailing ac	idress (if different):
4. Date of incorp	oration/qualification: 8/2/2010 Document number: F10000003533
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Northwest Registered Agent LLC
	3111 West Dr. MLK Boulevard, Suite 100-B180
	Tampa, FL 33607
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	NRAI Services, Inc.
	515 East Park Avenue
	P.O. Box NOT acceptable Tallahassee, FL 32301
The street address as changed will l	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signature	Karen Winn, Interim Exec. Director Printed or typed name and title
I hereby accept to I further agree to of my duties, and document is bein corporation has NRAI Service	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 performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. s , (nc.
by: Signi	ature of Registered Agent Date
If signing on beh	nalf of an entity:
	Tillapaugh, Asst. Sec.

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Carlotte of