

F9700000 1468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2019 SEP -9 PM 5:36

SD

C. GOLDEN

SEP 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thoroughbred Retirement Foundation
Name of Corporation

DOCUMENT NUMBER: F97000001468

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:

John Roche, CEO
Name of Contact Person

Thoroughbred Retirement Foundation
Firm/Company

PO Box 834
Address

Saratoga Springs NY 12866
City/State and Zip Code

info@thoroughbredretirement.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Tanner at (518) 226-0028
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2019

JOHN ROCHE
POST OFFICE BOX 834
SARATOGA SPRINGS, NY 12866

SUBJECT: THOROUGHBRED RETIREMENT FOUNDATION, INC.
Ref. Number: F97000001468

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. ^{corrected} Please correct your document accordingly.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office. ^{corrected}

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 919A00015693

ok manual corrections made
per agent conversation w/ Claretha Golden



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2019

JOHN ROCHE
POST OFFICE BOX 834
SARATOGA SPRINGS, NY 12866

SUBJECT: THOROUGHBRED RETIREMENT FOUNDATION, INC.
Ref. Number: F97000001468

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00015117

2019 JUL 29 PM 12:57

RECEIVED

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: Thoroughbred Retirement Foundation, INC.
2. The principal office address: ~~P.O. Box 834~~, Saratoga Springs, NY 12866
10 Lake Avenue,
P.O. Box 834
3. The mailing address (if different): 10 Lake Avenue, Saratoga Springs, NY 12866
4. Date of incorporation/qualification: 03/21/1997 Document number: F97000001468

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)

CT Corporation
1200 South Pine Island Road
Plantation, FL 33324

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

InCorp Services, Inc.
17888 67th Court North
Loxahatchee, FL 33470

P.O. Box NOT acceptable

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FILED

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

John Roche, CEO
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

07/11/2019
Date

If signing on behalf of an entity:

Loriel Cuni on behalf of InCorp Services, Inc.
Typed or Printed Name

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