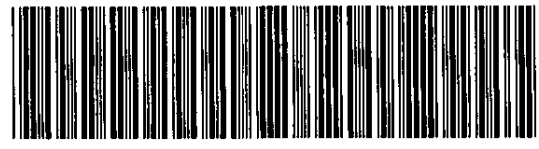


L10000110615



900292673759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

900292673759  
12/09/16--01005--019 \*\*125.00

Special Instructions to Filing Officer:

Office Use Only

16 DEC -9 AM 8:33  
DIVISION OF PUBLIC AFFAIRS  
FILED

O SIMMONS  
DEC 12 2016

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: 12-9-10

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING RA change \_\_\_\_\_

1. Blue Gray Equestrian Partners LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida*

1. Name of the limited liability company: Blue Gray Equestrian Partners LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
14775 Equestrian Way  
Wellington, FL 33414

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
14775 Equestrian Way  
Wellington, FL 33414

3. 12/27/2010 Date of filing/registration in Florida  
 4. 110000110675 Document number

5. (a) Wedge Associates LLC  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

12180 South Shore Blvd.  
 Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 101A  
Wellington, FL 33414

(b) Gary Gerson  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Nason Yeager Gerson White & Liocc, P.A.  
3001 PGA Blvd.  
NEW Registered Office Address:  
Suite 305  
Palm Beach Gardens, FL 33410

DIVISION OF CORPORATIONS  
 16 DEC -9 AM 8:33  
 FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maurice C. Perkins, III Trustee  
 Signature of a member or authorized representative of a member Printed or typed name of agent

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Gary Gerson  
 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
 FILING FEE: \$25.00