

45000107906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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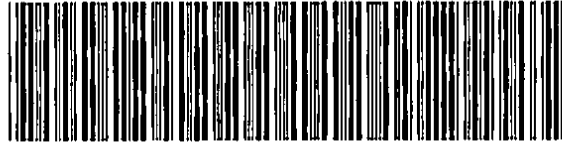
(Business Entity Name)

(Document Number)

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S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Quiet Hands Horsemanship  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eleanor E. Crosby  
Name of Person

Quiet Hands Horsemanship  
Firm/Company

241 Lexington Avenue  
Address

Jacksonville, FL 32210  
City/State and Zip Code

quiethorsemanship@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eleanor Crosby at ( 904 ) 484-4355  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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.*

Name of the limited liability company: Quiet Hands Horsemanship

(a) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

4241 Lexington Avenue  
Jacksonville, FL 32210

(b) \_\_\_\_\_

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

4241 Lexington Avenue  
Jacksonville FL 32210

06/22/2015  
Date of filing/registration in Florida

4.

L150000107906  
Document number

(a) Eleanor E. Crosby  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11259 Reed Island drive  
Jacksonville, FL 32225

(b) Eleanor Crosby  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

4241 Lexington Avenue  
Jacksonville, FL 32210

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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.

[Signature]  
Signature of a member or authorized representative of a member

Eleanor E. Crosby  
Printed or typed name of signee

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 merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent