

N97000006252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

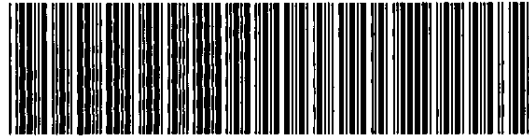
(Business Entity Name)

(Document Number)

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R.A. Charge
C.COULLETTE

NOV 05 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Naples Equestrian Challenge, Inc.
Name of Corporation

DOCUMENT NUMBER: N97000006252

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:

Sheryl Soukup
Name of Contact Person

Naples Equestrian Challenge
Firm/Company

206 Ridge Dr.
Address

Naples, FL 34108
City/State and Zip Code

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

For further information concerning this matter, please call:

Sheryl Soukup at (239) 596-2988
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

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Naples Equestrian Challenge, Inc.
- 2. The principal office address: 206 Ridge Dr. Naples, FL 34108
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/05/1997 Document number: N97000006252
- 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)

Melissa Caffey (resigned)
12930 POSITANO CIR #108
NAPLES FL 34105

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Sheryl Soukup
206 Ridge Dr.
P.O. Box NOT acceptable
Naples, FL 34108

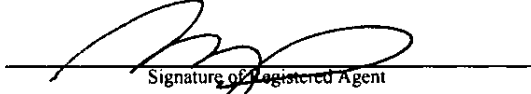
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 Brigid Soldavini-Clapper, President
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 10/5/10
Date

If signing on behalf of an entity:

Typed or Printed Name

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