Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN LONG BEACH DAYS INC.

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Electronic Filing Menu

Corporate Filing Menu



COYER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF COR	PORATION: LONG BEA	ACH DAYS INC.	
DOCUMENT N	UMBER: P11000008	717	
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
	(Name	Barbara Qang of Contact Person)	
		egalzoom com Inc.	
	100 W.	Broadway Suite 100 (Address)	
•••		endale, CA 91210 State and Zip Code)	
For further inform	ation concerning this matter,	please call:	
(Nan	Barbura Dang e of Contact Person)	at (<u>323</u>) <u>982-880</u> (Area Code & Daytim	0 x7950 e Telephone Number)
Enclosed is a chec	k for the following amount r	nade payable to the Florida De	partment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A Amendme		Street Address Amendment Section Division of Compositions	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LONG BEACH	HDAYS INC.	
(Name of Corporation as currently fi	led with the Florida Dept. of S	tate)
P110000	- 	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor following amendment(s) to its Articles of Incorporation	ida Statutes, this <i>Florida Profi</i> n:	it Corporation adopts the
A. If amending name, enter the new name of the co	rporation:	
Oasis Show Stables, Inc		
The new name must be distinguishable and con "incorporated" or the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable		70
(Principal office address <u>MUST BE A STREET ADD</u>		
		AS AS
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	v.	
(realing maress MAL BE A POST OFFICE BU	<u></u>	20 1 99 10 1 5
		· <u>≯™ 51</u>
D. If amending the registered agent and/or register		nter the name of the
new registered agent and/or the new registered	office and ress:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
TEN REPORTED VILLE Address.	(Propaga street Caparess)	
	(City)	, Florida (Zip Code)
		(Life Comp)
New Registered Agent's Signature, if changing Revilled Interest accept the appointment as registered agent position.		ept the obligations of the
position.	•	· ·

(Attach adi	ing time, name, and nodress of ditional sheets, if necessary)	of each Officer and/or Director being	g added:
<u>Title</u>	Name	Address	Type of Action
			Add Premove
			□ n
provis		xchange, reclassification, or cancell neudment if not contained in the an	
provis	ions for implementing the an		
provis	ions for implementing the an		

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(Title of person signing)