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04 APR 29 PM 1:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000098318 1. Entity Name BLACKHORSE PROPERTY MANAGEMENT, INC.		 04 APR 29 PM 1:18 SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business 2695 N. MILITARY TRAIL, STE. 22 WEST PALM BEACH, FL 33409		Mailing Address 2695 N. MILITARY TRAIL, STE. 22 WEST PALM BEACH, FL 33409			
2. Principal Place of Business 3951 N. HAVERHILL Rd Suite, Apt. #, etc. SUITE 218 City & State WEST PALM BEACH, FL Zip 33417 Country FLA		3. Mailing Address 3951 N. HAVERHILL Rd Suite, Apt. #, etc. SUITE 218 City & State WEST PALM BEACH, FL Zip 33417 Country FLA			
6. Name and Address of Current Registered Agent ROSE, VICKI A 12966 HAMPTON LAKES CIRCLE BOYNTON BEACH, FL 33436		4. FEI Number 04-3714431 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500035553515 05/06/04--01007--023 **150.00 City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Vicki Ann Rose</i></u> 4-18-04 Signature, typed or printed name of registered agent and the fee if applicable (NOTE: Registered Agent signature required when registering) DATE		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		10. OFFICERS AND DIRECTORS TITLE P ☐ Delete NAME ROSE, VICKI A STREET ADDRESS 12966 HAMPTON LAKES CIRCLE CITY - ST - ZIP BOYNTON BEACH, FL 33436 TITLE VP ☐ Delete NAME POTTS, GARY E STREET ADDRESS 12771 SW 68 STREET NORTH CITY - ST - ZIP WEST PALM BEACH, FL 33412 TITLE S ☐ Delete NAME HALL, PENNY STREET ADDRESS 4935 LAME PANTHER LANE CITY - ST - ZIP LOXAHATCHEE, FL 33470 TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE V.D. ☒ Change ☐ Addition NAME POTTS, GARY E. STREET ADDRESS 3951 N. HAVERHILL Rd #218 CITY - ST - ZIP WEST PALM BEACH, FL 33417 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u><i>Vicki Ann Rose</i></u> 4-18-04 561-317-6400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

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