I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OQUINN, SABRA L

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000019784 Entity Name: FLORIDA BARREL HORSES, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Current Principal Place of Business:

5019 W HIGHWAY 40 OCALA, FL 34482

Current Mailing Address:

5019 W HIGHWAY 40 OCALA, FL 34482

FEI Number: 47-3567498

Name and Address of Current Registered Agent:

O'QUINN, SABRA 5019 W HIGHWAY 40 OCALA, FL 34482 US

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.

SIGNATURE	SABRA O'QUINN		01/23/2019		
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	AMBR		
Name	OQUINN, SABRA L	Name	FLEMING, JAMES S		
Address	5019 W HIGHWAY 40	Address	PO BOX 770484		
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34477		

Certificate of Status Desired: Yes

MANAGER

01/23/2019 Date

FILED Jan 23, 2019 Secretary of State 8630158428CR