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.

MR

SIGNATURE: SEAMUS PURCELL

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L18000051863

Entity Name: HORZEHOODS USA LIMITED LIABILITY COMPANY

Current Principal Place of Business:

CENTER OAK CIRCLE 207 SPRING HILL, FL 34609

Current Mailing Address:

16150 AVIATION LOOP DRIVE PO BOX 15626 BROOKSVILLE, FL 34604 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

PURCELL, SEAMUS A MR CENTER OAK CIRCLE 207 SPRING HILL, FL 34609 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	PURCELL, SEAMUS A MR	Name	PURCELL, FRANCINE A MRS
Address	207 CENTER OAK CIRCLE	Address	207 CENTER OAK CIRCLE
City-State-Zip:	SPRING HILL FL 34609	City-State-Zip:	SPRING HILL FL 34609
Title	MGR		
Name	STOKES, SARAH J MRS		
Address	4605 LISETTE CIRCLE		
City-State-Zip:	BROOKSVILLE FL 34604		

Certificate of Status Desired: No

FILED Feb 28, 2019 Secretary of State 4230565136CC

> 02/28/2019 Date

Date