393793

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Gity/State/Zip/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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SECULIAR STATE OF STATE AND SHALL STATE

COVER LETTER

TO:

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: Hitching Post Recreation, Inc.	
	or corporation	
DOC	UMENT NUMBER: 393793	
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Pleaso	e return all correspondence concerning this	s matter to the following:
Rober	t C. Samouce	
	of Contact Person	
	uce & Gal, P.A.	
	Company	
	Tamiami Trail N., Suite 202	
Addre	ess	
Naple:	s, FL 34103	
City/S	State and Zip Code	
	RobSamouce@sandglawfirm	.com
E-ma	il address: (to be used for future annua	l report notification)
For fi	urther information concerning this matter, j	please call:
Rober	1 Samouce	31 (239) 596-9522
	Name of Contact Person	at (239) 596-9522 Area Code & Daytime Telephone Number
Enclo	used is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	s
	of the corporation: Hitching Post Recreation, Inc.	
2. The principa	pal office address: 32 Cheyenne Tr. Naples, FL 34113	
3. The mailing	g address (if different):	
	orporation/qualification: 1/7/1972 Document number: 393793	
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	Samouce, Robert C.	
	5405 Park Central Court)
	Naples, FL 34109	E
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office.	73 AM 11: 59
	Samouce, Robert C.	=
	3060 Tamiami Trail N., Suite 202	5 9
	P.O. Box NOT acceptable Naples, FL 34103	
The street addr as changed wil	dress of its registered office and the street address of the business office of its registered ill be identical.	agent,
Such change w	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
, Delu	was Commend of EDW: NJ. WAGA	<u>nec</u>
i further noree	pt the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete performed and lam familiar with and accept the obligation of my position as registered agent. On the peing filed merely to reflect a change in the registered office address, I hereby confirm the peing filed merely to reflect a change.	rm/m/
Si	Signature of Registered Agent Date	
If signing on b	behalf of an entity:	
	Typed or Printed Name	
	* * * FILING FEE: \$35,00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)