719822

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THE CORPORATION

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Horseshoe Acres Club, Inc., Name of Corporation
DOCUMENT NUMBER: 7/9822
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ath : James Watt or Louise King Name of Contact Person Trensurer Horsestoe Acres Club, Inc. Firm/Company MAIL: S/10 Swaps Way Page Office Box 331/1 Address Palm Burch Garders, Fr. 334/20 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Watt at Stol 622.0166
Name of Contact Person at (56) 672.0166 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS Pursuant to the provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Floring <u>FL</u> in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: SUMPS WAY, PAIM BEACH GARVENS, FL 33418 3. The mailing address (if different): 20.1 4. Date of incorporation/qualification: 12.08. **70** Document number: <u>719822</u> 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Signature of an officer of director I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered signing on behalf of an entity: Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 5 (04/13)

FILING FEE: \$35.00 * * *

CR2E045 (04/13)