Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000207398 3)))



H220002073983ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

10.			
	Division of (Torporations	co !
	Fax Number	: (850)617-6380	₹ <u>6</u>
From:			三
	Account Name	: REGISTERED AGENT SOLUTIONS INC	5
:	Account Numbe	er : I20100000062	艾头
	Phone	: (888)705-7274	~~ C
	Fax Number	: (888)706-7274	SO CHIEF
ر. ب			mon
		f +bi- bi.ee estib to be	
∴ Zenter	the email addre	is to this business entity to be use	lassa **
_ =	uunai rebort mai	lings. Enter only one email address p	Tease.**
22 15 15 15 15 15 15 15 15 15 15 15 15 15	mail Address:		
2			
	022 JUN 15 AM 7: 48	Division of C Fax Number Account Name Account Number Phone Fax Number	Division of Corporations Fax Number : (850)617-6380 CO From: Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

REGISTERED AGENT CHANGE ULTIMATE EQUINE USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

A. BUTLER JUN 16 2022

COVER LETTER

Amendment Section TO:

÷	* * *	8
	.#	

Name of Corporation	
DOCUMENT NUMBER: F210000	05598
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Jachua Murahy	
Joshua Murphy Name of Contact Person	
Registered Agent Solutions, Inc.	
irm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 40	00
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
Joshua Murphy	at (888) 705-7274 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

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

H22000207398 3

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

-	provisions of sections 607.0502, 617. nge is submitted for a corporation or				
in orde	r to change its registered office or req	gistered agent, or bot	h, in the State of F	Florida.	
I. The name of t	he corporation: ULTIMATE EQU	JINE USA, INC	•		_
2. The principal	office address: 93 GARDEN S	T. GARDEN C	ITY, NY 115	530	_
-	ddress (if different):				_
1. Date of incorp	poration/qualification: 9/30/2021	Document i	number: F2100	0005598	_
	street address of the current register timent of State: (If resigned, enter res		d office on file wi	ith the	
	BLUMBERGEXCELSIOR CO	PORATE SER	VICES, INC.	_	
	155 OFFICE PLAZA DR.,	1ST F	FL.		
	TALLAHASSEE	FL	32301	_	
6. The name and (if changed):	Registered Agent Solut		1 /or registered of	30 N	6400 0000 0000 0000
	155 Office Plaza Dr.	Suite A		₹ <	:
		Box NOT acceptable	4	SE S	C
	Tallahassee	FL 3230	-	AM 10: 40 OF STATE	
The street addre as changed will	ss of its registered office and the str be identical.	eet address of the bu	siness office of it	ts registered agent	i.
Such change wa authorized by th	is authorized by resolution duly ado ne board, or the corporation has been	pted by its board of control in notified in writing of	lirectors or by an of the change.	officer so	
s/ Trace	y Bernstein	Tracey Berns	stein od or typed name and ti	Manager	
l hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this char	t and agree to act in statutes relative to th obligation of my pos n the registered office	this capacity. e proper and con ition as registered	nplete performant d avent. Or. if th	ce is e
Mockey	zidt	06/14/2022	2		
Sign	nature of Registered Agent		Date		
If signing on be	half of an entity:				
	Assistant Secretary				
T	pped or Printed Name * * * FILLING	: FFF • C35 AA * * *			

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)