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* 4						
(Requestor's Name)						
Michael G. Takac, Esquire 520 SE Fort King Street, Suite B4 Ocala, FL 34471						
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SLOWERRY OF STATE ALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions liability company submits tagent, or both, in the State of	of sections 608.416 or 60 he following statement in o of Florida.	8.508, Florida Sta order to change its	tutes, the undersign registered office or	ed limited registered	
1. The name of the limited	liability company is:	Equine Prope	cty Holdings	2. LIC.	·
2. The mailing address of ti	he limited liability company	,	,	•	
_	treet, Hallywood				
1-23-04			04000006491	<i>r</i>	
3. Date of filing/registration	n in Florida	4. Documen	t number		
5. The name of the registere Plorida Department of St	Melissa Ba	iky	rwn on the records o	f the	
~	0.3, 52.0	FL 33000 and Zip			
6. The name and address of	f the new registered agent at				
-	Michelle	Cruz			
	7777 Glades	Rand, Suite.	300	5 9.	Ē
*	_	. Box NOT accepts	ble)	Ęŝ	T
·		33434		E	io No m
•	City, State a	nd Zip			ా - డ్
confirmed that after the chi and the business office of t liability company, it is here the mombers of the limited	pany is not organized under ange or changes are made, the registered agent will be in the confirmed that the change is a soft in the limited liability company or as other than the limited liability company.	he Florids street ad- identical. Or, in the ge(s) was/were suth servise provided in	drags of the registers	d office	Pr 1:00
(Signature of a member or authoris	ied representative of a member)	· ·	•		
(Printed or typed name offsignee)	1.hm		•		
I hereby accept the appoint comply with the provisions and I am familiar with and chapter 608. F.S. Or, if the address, I hereby confirm the confirm of Registered Agent) (Signature of Registered Agent)	niment as registered agent of of all slatutes relative to the decept the obligations of ness deception of the state of the limited liability control of the limited liability control.	and agree to act in the proper and company position as regts to be made in the proper and the proper act in the proper a	his capacity. I furth lete performance of lered agent as provi- hange in the registe fled in writing of thi	er agree to my duties, ded for in red office is change.	
	_	4100 72 55 5	55 00011		
Divisio	n of Corporations, P.O. B	ox 6327, Tallahase	66, FL 32314		

INHS18(10/99)

FILING FEE: \$25.00

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