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K. SALY EXAMINER OCT - 4 2013

COVER LETTER

Registration Section TO: **Division of Corporations** Arborwood Stables LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gene R. Fruehling Name of Person Arborwood Stables LLC Firm/Company 13295 60th Street South Address Wellington, FL City/State and Zip Code gene@arborwoodstables.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gene R. Fruehling Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Enclosed is a check for the following amount:

■ \$25 Filing Fee

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

■ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Arborwood Stables	LLC	
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	nny: 13295 60th Street South Wellington, FL 33449	<u> </u>
			700
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	13295 60th Street South Wellington, FL 33449	100 C
		<u> </u>	1999 1999 1999 1999 1999 1999 1999 199
03/22/2	005	L05000028615	65. 3
3. Da	ate of filing/registration in Florida	4. Document number	D.C.
5. (a	a) Registered Agent and Registered Office shown of	on the records of the Florida D	ept. of State:
	Registered Agent:	Gene Fruehling	
	Registered Office Address:	14270 Palm Beach Point Blvd	
	registered control reducess.	Wellington, FL 33414	
	NEW Registered Agent: NEW Registered Office Address:	Gene Fruehling 13295 60th Street South	
	NEW Degistered Office Address:	13205 60th Street South	
(MUST BE FLORIDA STREET ADDRESS)		Wellington, FL 33449	
			,FL
confi and the liabil the me the p	limited liability company is not organized under the rmed that after the change or changes are made, the he business office of the registered agent will be ide ity company, it is hereby confirmed that the change rembers of the limited liability company or as other perating agreement of the limited liability company or as other or authorized representative of a member	Florida street address of the rentical. Or, in the case of a Florial was/were authorized by an wise provided in the articles of	it is hereby registered office orida limited affirmative vote of of organization or
	. Fruehling		
	d or typed name of signee		
	eby accept the appointment as registered agent and ly with the provisions of all statules relative to the am familiar with and accept the obligations of my ster 608, F.S. Or, if this document is being filed to easy, I hereby confirm that the limited liability comp	d agree to act in this capacity. proper and complete perform position as registered agent a merely reflect a change in the any has been notified in writin	I further agree to ance of my duties, is provided for in registered office ig of this change.
/Signat	ure of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00