L05000033592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800102827568

05/21/07--01075--009 **55.00

FILED
2007 JUL 11 P 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2007

MARTHA ASHLEY
119 N. WOODLAND BLVD.
DELAND, FL 32720

SUBJECT: ONE HORSE GALLERY L.L.C.
Ref. Number: L05000033592

We have received your document for ONE HORSE GALLERY L.L.C. and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

FILED
2007 JUL 11 P 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Agnes Lunt
Document Specialist

Letter Number: 107A00035585

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE HORSE Gallery
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martha Ashley
(Name of Person)

ONE HORSE Gallery LLC
(Firm/Company)

119 N. Woodland Blvd
(Address)

DeLand FL 32720
(City/State and Zip Code)

FILED
2001 JUL 11 P 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Martha Ashley at (386) 740 1492
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☒ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

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. The name of the limited liability company is: One Horse Gallery LLC,

2. The mailing address of the limited liability company is : 119 North Woodland Boulevard, DeLand, Florida, 32720

April 6, 2005
3. Date of filing/registration in Florida

L05000033592
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Nancy Wagar
Name

119 North Woodland Boulevard
Address

DeLand, FL. 32720
City, State and Zip

6. The name and address of the new registered agent and/or office:

Martha A. Ashley
Name

119 N. Woodland Boulevard
Florida street address (P.O. Box **NOT** acceptable)

DeLand FL 32720
City, State and Zip

FILED
2001 JUL 11 P 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Martha A. Ashley
(Signature of a member or authorized representative of a member)

Martha A. Ashley
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Martha A. Ashley
(Signature of Registered Agent)

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

INHS18 (8/05)