

UD5000049376

George W. Banks
12765 W. Forest Hill Blvd.
Suite 1307
Wellington, FL 33414

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OB

Office Use Only



200084578872

01/23/07--01018--010 **25.00

FILED
07 JAN 23 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: EQUESTRIAN ENTERPRISES, LLC

2. The mailing address of the limited liability company is: C/O GEORGE W. BANKS

12765 West Forest Hill Blvd., Wellington, FL 33414

MAY 13, 2005

L05000049376

3. Date of filing/registration in Florida

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:

FRANK T. PILOTTE

Name

340 ROYAL PALM WAY

Address

PALM BEACH, FL 33480

City, State and Zip

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

CARNEY LEGAL GROUP, P.A.

Name

901 GEORGE BUSH BLVD.,

Florida street address (P.O. Box NOT acceptable)

DELRAY BEACH, FL 33483

City, State and Zip

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.

(Signature of a member or authorized representative of a member)

GEORGE W. BANKS

(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.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
07 JAN 23 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA