

1070000 83453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

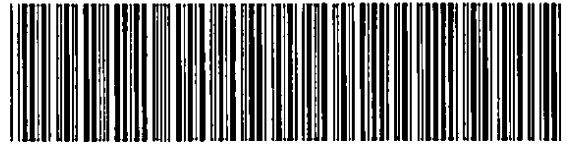
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100342288241

03/30/20--01029--014 **35.00

FILED
2020 MAR 30 AM 8:10
CITY OF ALABAMA

RA/RO/CH8

APR 14 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hidden Pines 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:

Ann Maria Thomas
Name of Person

Hidden Pines Stables
Firm/Company

2160 Friday Rd
Address

Cocoa FL 32926
City/State and Zip Code

Amthomasfnp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Thomas at (318) 422-5570
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: Hidden Pines Stables, LLC

2. (a) 2160 Friday Rd Cocoa FL (b) _____
Principal office address of limited liability company: 32926 Mailing address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 2/18/20 Date of filing/registration in Florida 4. LO7000083453 Document number

5. (a) Karen M. Aguila-Searci
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

629 Rockledge Dr, Rockledge FL 32955
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) Ann Maria Thomas
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2160 Friday Rd
NEW Registered Office Address:

Cocoa

Karen J. Searci FL 32926

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.

Karen J. Searci
Signature of a member or authorized representative of a member

Karen Aguila Searci
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 605, 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.

Ann Maria Thomas
Signature of Registered Agent

FILED
2020 MAR 30 AM 8:10