Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NASH MOULE & KROMASH LLP

Account Number: I20050000042 Phone : (321)984-2440 Fax Number : (321)984-1040

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

atie @ nmk-law.com

REGISTERED AGENT CHANGE LAKE WASHINGTON EQUESTRIAN CENTER LLC

Certificate of Status	0
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T. HAMPTON

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lake Washingto	on Equestrian Center, LLC	
Name of Limit	ed 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:	
Charles Ian Nash, Esquire		
Name of Person		
Nash, Moule & Kromash, LLP		
440 South Babcock Street		
Melbourne, Florida 32901 City/State and Zip Code		
Katie@nmk-law.com E-mail address: (to be used for future annual report notifical	tion)	
For further information concerning this matter, pl	ease call:	
Charles lan Nash, Esquire at (321) 984-2440	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURTER 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	\$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 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. Name of the limited liability company: <u>Lake Washington Equestrian Center, LLC</u>

2. (a) Principal office address of limited liability company	: 4150 Lake Washington Road
(Note: MUST BE STREET ADDRESS)	Melhourne, Florida 32934
(b) Mailing address of limited liability company:	4150 Lake Washington Road
(Note: MAY BE POST OFFICE BOX)	Melbourne, Florida 32934
March 3, 2009	L09000024874
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	2731 Executive Park Drive, Suite 4 Weston, Florida 33331
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
NEW Registered Agent:	Charles Ian Nash, Esquire
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Nash, Moule & Kromash, LLP 440 South Babcock Street Melbourne ,FI.32901
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	
Tina Ring, Member Manager Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos. Chapter 608, F.S. Or Af this document is being filed to mer- address, I hereby confirm that the limited liability company	has been notified in writing of this Hanga
Signature of Registored Agent	2 (5)
Charles Ian Nashtsibil of Corporations, P.O. Box 632 FILING FEE: \$25	7, Tallahassee, FL 32314
NAS18 (05/08)	STATE PRATIONS