

L10000119221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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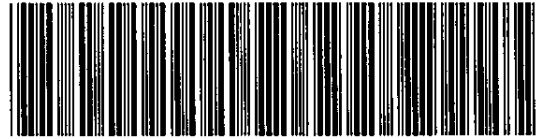
(Business Entity Name)

(Document Number)

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PA change

1.

Cypress Equestrian LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**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: Cypress Equestrian LLC

(a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

14775 Equestrian Way
Wellington, FL 33414

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

14775 Equestrian Way
Wellington, FL 33414

11/16/2010

Date of filing registration in Florida

110000119221

Document number

2. (a) Wedge Associates LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

12180 South Shore Blvd.
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
Suite 101A
Wellington FL 33414

Gary Gerson
Person or NEW Registered Agent and/or NEW Registered Office address:
Nelson Yeager Gerson White & Lioce, P.A.
3001 PGA Blvd.
NEW Registered Office Address:
Suite 305
Palm Beach Gardens FL 33410

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.

Maurice C. Perkins, III
Signature of a member or authorized representative of a member

Maurice C. Perkins, III, Manager
Printed or typed name of person

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.

Gary Gerson
Signature of Registered Agent

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

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