L12000032710

(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(asserted Entry Name)		
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SECRETARY OF STATE

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COVER LETTER

	OVER LETTER
TO: Registration Section Division of Corporations	inger
SUBJECT: Bates Equine	, LLC
	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:
pam clifton	
Name of Person	
Kinsey, Vincent, Pyle, P.L.	
Firm/Company	
150 South Palmetto Avenue, Suite	300
Address	
Daytona Beach, FL 32114	
City/State and Zip Code	
mpamc@kvplaw.com	
E-mail address: (to be used for future annual report to	notification)
For further information concerning this matt	ter, please call:
pam clifton	at (386) 252 - 1561
Name of Person	at ()
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 Tailahassee, Florida 32314
Enclosed is a check for the following	ng amount:
x \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (5/08)

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.

BATES EQ	UINE, LLC
1. Name of the limited liability company: BATES EQ	
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	BOCA RATON, FL 33486
(b) Mailing address of limited liability company:	1965 PARKSIDE CIRCLE, SOUTH
(Note: MAY BE POST OFFICE BOX)	BOCA RATON, FL. 33486
MARCH 7, 2012	L12000032710
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent:	DAWN BATES TO TO
Registered Office Address:	333 CAMINO GARDENS BLVD. SULTE 100 BOCA RATON, FL 3552
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	DAWN BATES 1965 PARKSIDE CIRCLE, SOUTH
	BOCA RATON FL 33486
If the limited liability company is not organized under the le 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 other or the operating agreement of the limited liability company. Signalure of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
DAWN BATES 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, if this document is being filed to mer- address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in elv reflect a change in the registered office 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

INH\$18 (05/08)