

U2000078474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 19 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2017

KIMBERLY A CARP  
5400 NW 110TH AVE  
OCALA, FL 34482

SUBJECT: HORSE COUNTRY CARRIAGE COMPANY & TOURS, LLC  
Ref. Number: L12000078474

RECEIVED  
2017 MAY 17 PM 5:37  
TALLAHASSEE, FLORIDA

We have received your document for HORSE COUNTRY CARRIAGE COMPANY & TOURS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 017A00007576

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TALLAHASSEE, FLORIDA

*\* Returning corrected document -  
please see enclosed.*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Horse Country Carriage Company & Tours, 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:

Kimberly Ann Carp  
Name of Person

Horse Country Carriage Co & Tours, LLC  
Firm/Company

5400 NW 110th Ave  
Address

Ocala, FL 34482  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kimberly Ann Carp at (352) 727.0900  
Name of Person Area Code & Daytime Telephone Number

**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  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

\* previously paid  
\$55 per  
cover page.

**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: Horse Country Carriage Company + Tours, LLC

2. (a) 5400 NW 110th Ave

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Ocala, FL 34482

(b) Same

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3. 6/18/12  
Date of filing/registration in Florida

4. L12000078474  
Document number

5. (a) John Q. Adams II  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

910 SW 1st Ave

Ocala, FL 34470

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

Kimberly Ann Corp

NEW Registered Office Address:

5400 NW 110th Ave

Ocala, FL 34482

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.

Kimberly Corp  
Signature of a member or authorized representative of a member

Kimberly Ann Corp MGRM  
Printed or typed name of signer

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.

Kimberly Corp  
Signature of Registered Agent

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MAY 17 AM 11:12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE