

(Requestor's Name)							
(Address)							
(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:							
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CONTINUE OF STATE

COVER LETTER

INHS18 (2/14)

	Registration Section Division of Corporations						
SUBJE	M&M Equestrian Ventures L	LC					
	Nam	Name of Limited Liability Company					
Dear Si	r or Madam:						
The enc	losed Registered Agent/Registered Offi	ce Change ar	nd fee(s) are submitted for filing.				
Please r	eturn all correspondence concerning thi	s matter to th	ne following:				
Maya	Saxena						
	Name of Person						
Saxen	na White P.A.						
	Firm/Company						
150 E	ast Palmetto Park Road Suite 600	C					
	Address						
Boca I	Raton, FL 33432						
	City/State and Zip Code						
msaxe	ena@saxenawhite.com						
E-	mail address: (to be used for future ann	ual report not	tification)				
For furt	her information concerning this matter,	please call:					
Maya	Saxena	561	9854851				
	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	F 13 14	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	☑ \$25 Filing Fee	ū	\$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.

2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	16155 Norris Road	;	5200 Town Cente	er Circle	
	Wellington, FL 33470		Suite 601 Boca F	11 Boca Raton FL 3348	
	2014	L	13000037639		
	Date of filing/registration in Florida		Documen	t number	
(a)	Maya Saxena				
(6.)	Registered Agent and Registered Office shown on the records of	of the Florida D	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	5200 Town Center Circle Suite 601			<u> </u>	
	Boca Raton	3348 6	33486		
				MEC 27	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	Maya Saxena			7: 5 51A LORU	
	NEW Registered Office Address:				
	Saxena White PA, 150 East Palmetto Parl	. 600			
	Boca Raton	_{FL} 33432			
cha nt v s/we arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cless of organization or the operating agreement of the content of the conte	of the registe liability con s of the limit	ered office and the b pany, it is hereby co ed liability company	usiness office of the regist onfirmed that the change(s)	
	ture of a mymber or authorized representative of a member	Maya	a Saxena		
gna				yped name of signee	
	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as providely reflect a change in the registered office address.	igree to act is te performas	n this capacity. I funce we of my duties, and	rther agree to comply with Lam familiar with and ac	