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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 0 9 2014 C. CARROTHERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stag Horn Thoroughbreds, 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:
Christine Faisunas Name of Person
Stag Horn Thoroughbeds UC Firm/Company
15709 NW 112 Ave Address
Reddick FL 32686 City/State and Zip Code
documents@incorp.com AND gaisunashi@yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Gais unas at (352) 547-9055 (352) 351-4463 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 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32314 Tallahassee, Florida 32301 Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301 Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301 Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
D C25 Filling Fee

INHS18 (2/14)

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.

I. N	ame of the limited liability company: Stag Horn Thoi	rougno	reas	LLC		_
2. (a)	15709 NW 112 AVE.	(1) 15	709 NW 112		_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	address of limited liability company: MAY BE POST OFFICE BOX)	
	REDDICK, FL 32686	- -	RE	DDICK, FL	32686	_
	02/07/2014		L14	000021433		
3.	Date of filing/registration in Florida	4.		Docum	nent number	
5. (a)	GAISUNAS, HEATHER					
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept	. of State:		
	7320 Nw 44 Ln.					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>\$)</u>		SECTION AND AND AND AND AND AND AND AND AND AN	
	Ocala , FL	3	4482	2	AR TH	
(b)	InCorp Services, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	ldress:		3 MH II-2 SEE, FLORID	4
	17888 67th Court North				0A	
	NEW Registered Office Address:	-				
	Loxahatchee		3470	<u> </u>		
	Loxanatchee , FL			'		
the ch agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi bility c f the lin	stere ompa nited	d office and the ny, it is hereb liability compity company.	he business office of the registered by confirmed that the change(s) pany or as otherwise provided in	ed
•	ature of a member or authorized representative of a member				d or typed name of signee	
provil the of to me notifi	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflection change in the registered office address, I had in whiting of this change on behalf of Incorp Sure of Registered Agent	perforn d for in nereby c	iance Chap confir	of my duties, ter 605, F.S. m that the lim	and I am familiar with and acce Or. if this document is being file	e pl d
7	Division of Corporations P.O. B			allahassee, Fl	L 32314	

JNHS18 (2/14)