L180000 63518

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , , , , , , , , , , , , , , ,
(Document Number)
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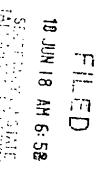
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06/18/18--01088--016 *+28.00

Macha R. WHITE JUN 21 2018



COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Legacy 86 Stables LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.							
Please return all correspondence concerning the	is matter to the following:							
Robert J. Kanjian								
Name of Person								
Legacy 86 Stables LLC								
Firm/Company								
4650 Donald Ross Rd. #220								
Address								
Palm Beach Gardens, FL 33418								
City/State and Zip Code								
bkanjian@titlematters.com								
E-mail address: (to be used for future ann	ual report notification)							
For further information concerning this matter.	please call:							
Robert J. Kanjian	561 723-8069							
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							

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.

1. N	ame of the limited liability company: Legacy 86 S	stables I	_LC				
2. (a)	Legacy 86 Stables LLC		(b) Legacy 86 Stables LLC				
w. (t*)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	-		r:
	4650 Donald Ross Rd., Suite 220		4650 Do	nald Ross Rd., S	Suite 220)	
	Palm Beach Gardens, FL 33418		Palm Be	ach Gardens, FL	33418		
	3/12/18		L1800006	33518			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Robert J. Kanjian						
3. (a)	Registered Agent and Registered Office shown on the records o	of the Floric	la Dept. of State	-);			
	Registered Office Address (MUST BE FLORIDA STREET) 314 Clematis St. #201	ADDRES	<u>'S)</u>		<u> </u>	18 J	
	West Palm Beach	33401		•		8 I NOF	רו־
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	ddress:		TO TAIL	AM 6: 58	O
	NEW Registered Office Address:			-			
	4650 Donald Ross Rd., Suite 220						
	Palm Beach Gardens . F	L.33418	}				
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability of of the line e limited	istered office company, it is nited liability	e and the business of s hereby confirmed t y company or as oth opany.	fice of the that the ch	e regis ange(stered [s]
Signa	nture of a member or authorized representative of a member			Printed or typed name of	of signee		
попуне	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, led in writing of this change.	gree to ac e perforn ed for in I hereby c	ct in this cape nance of my o Chapter 605 confirm that i	acity. I further agre duties, and I am fam , F.S. Or, if this doc the limited liability o	e to comp iliar with zument is company t	ly wit and a being has be	h the iccept filed een
Signati	ire of Registered Agent						

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