Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000309537 3)))



H210003095373ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC

Account Number : I20150000127

Phone

: (800)567-4397

Fax Number

: (800)567-4398

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. •• Email Address: jeff@shamrockhighlands.com

LLC REGISTERED AGENT CHANGE SHAMROCK HIGHLANDS THOROUGHBREDS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 AUG 17

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000309537 3))).

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	SHAMROCK HIGHLANDS THOROUGHBREDS LLC					
2011	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the fo	llowing:			
Jeffer	y Callan					
	Name of Person		-			
SHAN	MROCK HIGHLANDS THOROUGH	HBREDS LLC				
	Firm/Company		-			
17 16	Meyers Lane	_	_			
	Address					
Louis	ville, KY 40216	_	_			
	City/State and Zip Code					
jeff@	shamrockhighlands.com					
F	E-mail address: (to be used for future ann	ual report notific	ation)			
For fu	rther information concerning this matter,	please call:				
Kathy	r Clark	800 at (567-4397			
	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	Q \$55	Filing Fee & Certified Copy			
INHSI	8 (2/14)					

(((H21000309537 3)))

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 subnilts the following statement in order to change its registered office or registered agent, or both, in the State of Florida

2. (a)			(b)	<u> </u>	
	Principal office address of limited liability company: (Nota: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Eyers Lane	
	1716 Meyers Lane		1716 Meyers		
	Louisville, KY 40216		Louisville, KY 40216		
	2/22/2021		L21000087217	7	
	Date of filing/registration in Florida	4.	Docu	ment number	
(a)	Registered Agent and Registered Office shown on the records	of the Place	da Dent. of State:		
	KIRKHAM, BARRINGTON	V. 230 1 121		22	
	Registered Office Address MUST BE FLORIDA STREET 9420 NW 125 AVE	TADDRES	<u>15)</u>	FILED 2821 AUS 17 AM 10: 49 SECTION STATE FALL WHASSEL FLORID	
	OCALA	FL 34482	2	FILED 317 1 ASSEL	
(b)				AMIO: 40	
(O)	Enter name of NEW Registered Agent and/or NEW Register	red Office R	ddress:		
	URS AGENTS, LLC			·	
	NEW Registered Office Address:				
	3458 LAKESHORE DRIVE				
	TALLAHASSEE	FL 3231	2		
cha ent v s/wa arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at authorized by an afflunative vote of the member cles of organization or the operating agreement of the member or authorized representative of a member of a member or authorized representative of a member	of the reg l liability of s of the lith he limited	istered office and to company, it is herel mited liability com, liability company.	he business office of the register by confirmed that the change(s) pany or as otherwise provided in	
	by accept the appointment as registered agent and to ions of all statutes relative to the proper and completing all statutes relative to the proper and completing of my position as registered agent as proving reflect a change in the registered office address, decrease the change of the change.			-	

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