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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE FLORIDA SPORTS HORSE FARRIERY, LLC

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K. SALY

FEB - 1 2022

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.

l. Na	une of the limited liability company: FLORID	A SPURTS	HORSE FARRIERY, LLC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE PQST OFFICE BOX)
	05/18/2021		21000231007
i,	Date of filing/registration in Florida	4.	Document number
5. (a)	KAPLAN, GRANT		
. (a)	Registered Agent and Registered Office shown on the recor	ds of the Florida Da	ept. of State:
	7100 W CAMINO REAL		
	Registered Office Address (MUST BE FLORIDA STR	—————————————————————————————————————	
	SUITE 100	1	
	BOCA RATON	, FL 33433	TALL ALLS SE
.1.5	Registered Agents Inc.		
(b)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office addre	
	7901 4th St N		SSS: 57
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	. FL 33702	
he cha gent v vas/wa he arti	imited liability company is not organized under the tage or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement or	ne laws of the St ss of the registe ed liability com- pers of the limite f the limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	ture of a member or authorized representative of a member		Printed or typed name of signce
l here provisi he obl o mer	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro ely reflect a change in the registered office addres d in writing of this change.	d agree to act in olete performan ovided for in Cha ss, I hereby conj	this canacity. I further agree to comply with the
a H	Bill Havre - Assis	stant Secreta	ry