L23000258593

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2024-0EC | 8 PH 3: 10

A. RAMSEY DEC. 19 2074 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 840068 ,7681421

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 16, 2024

ORDER TIME : 1:0 PM

ORDER NO. : 840068-104

CUSTOMER NO: 7681421

CHANGE OF AGENT

NAME: WESTGATE COUNTRY & EQUESTRIAN

SUPPLIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

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: WESTGATE C	OUNTRY	/ & EQUES	STRIAN SUPPLIES, LLC
2. (a)				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3501 Commerce Blvd Suite N		1101 MI	RANDA LANE, SUITE 131
	KISSIMMEE, FL 34741		KISSIMI	MEE, FL 34741
	05/26/2023		L230002	58593
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
.). (a)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of St	ate:
	ASSURED COMPLIANCE SERVICES, LLC		·	
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES	<u></u> <u>S)</u>	 %
	1101 MIRANDA LANE, SUITE 131			A Page 1
	KISSIMMEE F			MADEC 18 PHIZ 24
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	d Office at	<u>idress</u> :	2 24
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	. 32301		
	F	L		<u> </u>
chang agent was/w	limited liability company is not organized under the lag or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lagree authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lin	ed office a ompany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
/s/ I	Philip K. Calandrino	Phi	ilip K. Cala	ndrino, Authorized Person
Signa	iture of a member or authorized representative of a member			Printed or typed name of signee
I here provis the oh to mer notifie	thy 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 rely reflect a change in the registered office address, I d in writing of this change.	gree to ac e perform ed for in (hereby c	t in this cap ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Signati	Inace CKWbl Care of Registered Agent	RACE E	. KIRBY, <i>i</i>	ASST, VICE PRESIDENT