

MC9000003668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

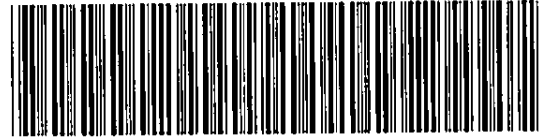
(Business Entity Name)

(Document Number)

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2024 AUG 30 AM 8:58
TALLAHASSEE, FLORIDA

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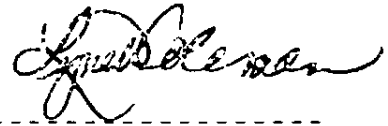
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 611529 7569733

AUTHORIZATION :

COST LIMIT : \$ 25.0



ORDER DATE : August 29, 2024

ORDER TIME : 10:26 AM

ORDER NO. : 611529-040

CUSTOMER NO: 7569733

CHANGE OF AGENT

NAME: CAROLEX STABLES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carolex Stables 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:

Sabino Casas

Name of Person

Kozusko Harris Duncan

Firm/Company

575 Madison Avenue, 24th Floor

Address

New York, NY 10022

City/State and Zip Code

scasas@kozlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabino Casas

212

405-4759

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2024

CSC

SUBJECT: CAROLEX STABLES LLC
Ref. Number: M09000003608

RESUBMIT

Please give original
submission date as file date.

We have received your document for CAROLEX STABLES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the current registered agent in 5(a).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 624A00019666

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TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Carolex Stables LLC

2. (a) 3495 Olde Hampton Drive (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Wellington, FL 33414

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

9/14/2020

M09000003608

3. Date of filing/registration in Florida

4. Document number

5. (a) Rottman, Bobbi

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3495 Olde Hampton Dr.

Wellington, FL 33414

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

RWA

Signature of a member or authorized representative of a member

Rashad Wareh

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Shauna Godbolt

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00 611529-40

FILED
2024 AUG 30 AM 8:58
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE