M17000002739

# Florida Department of State
## 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.

(((H17000295236 3)))

H170002952363ABC2

**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 : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

RECEIVED
2017 NOV -8 PM 2:25
TALLAHASSEE, FLORIDA

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

**Email Address:** lavinia@laviniaj.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**MFS SPORT HORSES LLC**

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $30.00 |

FILED
2017 NOV -8 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
NOV - 9 2017

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

**SECTION I (1-4 must be completed)**

FILED
2017 NOV -8 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Liability Company as it appears on the records of the Florida Department of State: MFS SPORT HORSES LLC

Enter new principal office address, if applicable: 12250 Blue Cypress Court
Wellington FL, 33414

*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 12250 Blue Cypress Court
Wellington FL, 33414

*(Mailing address MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M17000002739

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/30/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
*Enter Florida Street Address*

_____, Florida _____
*City* *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
*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.*

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Correct the spelling of the attorney in fact already listed

| Title/ Capacity | Name | Address | Type of Action |
|---|---|---|---|
| Attorney in fact | Mrs. Enriqueta Capella | RUSS VERBO DIVINO, 1061,#81A,B11 | ■ Add |
| | | CHACARA SANTO ANTONIO,SAO PAULO | ☐ Remove |
| Attorney in fact | ENRIQUETA CAPELA | RUSS VERBO DIVINO, 1061,#81A,B11 | ☐ Add |
| | | CHACARA SANTO ANTONIO,SAO PAULO | ■ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Mr. STENIO FELIX DA SILVA

Typed or printed name of signee

**Filing Fee: $25.00**

FILED
2017 NOV -8 AM 10: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# FAX COVER SHEET

| | |
|---|---|
| TO | |
| COMPANY | |
| FAX NUMBER | 18506176383 |
| FROM | Kimberly Laughrey |
| DATE | 2017-11-08 13:07:28 CST |
| RE | Shepherd Insurance, LLC |

## COVER MESSAGE

Patrick Duffy
Associate Fulfillment Specialist
Global Fulfillment Operations
CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com

Wolters Kluwer

1209 Orange Street Wilmington, DE 19801,
www.wolterskluwer.com

Confidentiality Notice: This email and its attachments (if any) contain confidential information of the sender. The information is intended only for the use by the direct addressees of the original sender of this email. If you are not an intended recipient of the original sender (or responsible for delivering the message to such person), you are hereby notified that any review, disclosure, copying, distribution or the taking of any action in reliance of the contents of and attachments to this email is strictly prohibited. If you have received this email in error, please immediately notify the sender at the address shown herein and permanently delete any copies of this email (digital or paper) in your possession.