M17000002739

Florida Department of State
Division of Corporations
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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

FILED
2017 NOV -8 PM 2:25
SECRETARY OF STATE
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

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2017 NOV -8 AM 10:25
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TALLAHASSEE, FLORIDA

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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)

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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

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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

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