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COVER LETTER

Division of Corporations
SUBJECT: Heartland Horses & Handicapped, Inc
DOCUMENT NUMBER: NO100005402
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Francis Van Hooreweghe Name of Contact Person
Heartland Horses + Handicapped
P.O. BOX 3787 Address
Schring, FL 33871-3787 Schring, FL 33871-3787
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Francis Van Hooreweghaf 863, 385-8270 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Heartland Horses + Handicapped, In
2. The principal office address: 118 West College Drive, Avon Park, FL 33825
3. The mailing address (if different): P.O. BOX 3787
Sebring, FL 33871-3787
4. Date of incorporation/qualification: 13101 Document number: N0100005402
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
The NCT Group CPA'S LLP 言靈
435 South Commerce Avenue
Schring, FL 33870-3702 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Rebecca Nichols, Pamela T. Karlson, P.A.
301 Dal Hall Blud. P.O. Box NOT acceptable
Lake Placid, FL 33852
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Francis Van Hooreweghe Printed or typed name and tille
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
hubula lill Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)