

ND20000004391

(Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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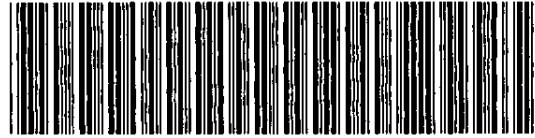
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heavenly Hoofs, Inc
Name of Corporation

DOCUMENT NUMBER: NO2000004391

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:

Thomasa Sanchez
Name of Contact Person

Heavenly Hoofs, Inc.
Firm/Company

1627 East Vine St. Suite 200
Address

Kissimmee FL 34744
City/State and Zip Code

Thomasa @ Heavenly Hoofs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abby Horner at (407) 414-3113
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2013

HEAVENLY HOOFS, INC.
1627 EAST VINE ST.
STE. 200
KISSIMMEE, FL 34744

SUBJECT: HEAVENLY HOOFS, INC.
Ref. Number: N02000004391

We have received your document for HEAVENLY HOOFS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 913A00003093

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CORPORATIONS
TALLAHASSEE, FLORIDA

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Heavenly Hoofs, Inc.
2. The principal office address: 1627 East Vine Street
Suite 200 Kissimmee, FL 34744
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 6-7-2002 Document number: ND2000004391
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)

Thomasa Sanchez
1637 East Vine St., Suite 200
Kissimmee, FL 34744

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Thomasa Sanchez
1627 East Vine St., Suite 200
Kissimmee, FL 34744

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DIVISION OF CORPORATIONS
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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.

Thomasa Sanchez Thomasa Sanchez, Director
Signature of an officer or director Printed or typed name and title

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.

Thomasa Sanchez 2-25-2013
Signature of Registered Agent Date

If signing on behalf of an entity:

Thomasa Sanchez
Typed or Printed Name

*** FILING FEE: \$35.00 ***