NO8000001028

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
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08 MAY -5 AM 7: 57
SECRETARY OF STATE
SECRETARY OF STATE

Office Use Only

R.A. Charge

6. Coulitatie MAY 0 9 2008

COVER LETTER

| | lment Section on of Corporations | |
|------------------|--|---|
| SUBJECT: mi | chelle akers sundance horse resc | ue & outreach, inc |
| 0020201 | (Name of Co | rporation) |
| DOCUMENT | NUMBER: n0800000,1028 | |
| The enclosed S | statement of Change of Registered.Office | Agent and fee are submitted for filing. |
| Please return a | Il correspondence concerning this matter | to the following: |
| | | |
| | michelle akers (Name of Cont | test Person |
| | (Name of Con | act reison) |
| | michelle akers sundance horse | rescue & outreach, inc. |
| | (Firm/Cor | |
| | | |
| | 214 e. lucerne circle | |
| | (Addre | ess) |
| | | |
| | orlando, FL 32801 | |
| | (City/State and | |
| For further info | ormation concerning this matter, please ca | dl: |
| michelle ake | ers | at (407) 619-2727 |
| | (Name of Contact Person) | at (407) 619-2727 (Area Code & Daytime Telephone Number) |
| Enclosed is a \$ | 35.00 check made payable to the Departm | nent of State. |
| | Mailing Address: | Street Address: |
| | Amendment Section | Amendment Section |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle |
| | Talialiassee, FL 32314 | Tallahassee, FL 32301 |
| | | Tallanassee, FL 32301 |

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

| - | • | 607.1508, or 617.1508, Florida Statutes, this | |
|---|--|--|-----------------|
| _ | - | ed under the laws of the State of FLORIDA | - |
| in order t | to change its registered office or registere | ed agent, or both, in the State of Florida. | |
| 1. The name of the | e corporation: michelle akers sundan | nce horse rescue & outreach, inc | |
| 2. The principal of | ffice address: 214 e. lucerne circle, o | orlando, FL 32801 | |
| | | | |
| 3. The mailing add | dress (if different): | | |
| 4. Date of incorpor | ration/qualification: 1-31-08 | | |
| 5. The name and st Florida Departm | street address of the current registered agen | | |
| m | nichelle akers | | |
| 2: | 340 pine meadows pl | | |
| <u>cl</u> | huluota, fl 32766 | | |
| 6. The name and st (if changed): | treet address of the new registered agent (| (if changed) and /or registered office | |
| m | nichelle akers | SE 38 | |
| 2 | 14 e. lucerne circle | 08 MAY SECRE | |
| _ | (P.O. Box NOT acceptable) | ASS. | |
| | rlando, FL 32801 | | |
| The street address as changed will be | s of its registered office and the street ad | idress of the business office of its registered agen | it, |
| Such change was authorized by the | authorized by resolution duly adopted b board, or the corporation has been notif | by its board of directors or by arcofficer so field in writing of the change. | |
| | | michelle akers, director/owner | _ |
| 1 1 | of all bifficer or diffector) | (Printed or typed name and title) | |
| I further agree to of my duties, and document is being corporation has b | the appointment as registered agent and a comply with the provisional statute of the provision and accept the obligation of the manufacture of the provision of this change in the property of the provision of this change. | agree to act in this capacity. es relative to the proper and complete performan ation of my position as registered agent. Or, if th registered office address, I hereby confirm that th | ce iis ie |
| / \/ | | 5-1-08 | |
| (Signal | ature of Registered Agent) | (Date) | • |
| If signing on beha | alf of an entity: | | |
| michelle akers | sundance horse rescue & | | |
| (Тур | ped or Printed Name) | | |

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