

N1100000 10407

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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JUL 16 2019

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Gaited Trail Riders of South Florida Inc.  
Name of Corporation

DOCUMENT NUMBER: N000010407

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:

**Judy Spillman**

Name of Contact Person

**Gaited Trailriders of South Florida Inc.**

Firm/Company

**11152 159 Ct. North**

Address

**Jupiter Florida 33478**

City/State and Zip Code

**ezaces@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**John Kavaliauskas**

Name of Contact Person

at ( **561** ) **748 9499**

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

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: Gaited Trailriders of South Florida
2. The principal office address: 11152 159 CT North JUPITER FL 33478
3. The mailing address (if different): 10152 Indiantown Road # 109 Jupiter Florida 33478
4. Date of incorporation/qualification: 11/04/2011 Document number: N11000010407
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)

resigned Jaimie Wilson

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

Judy Spillman
11152-159th Ct. North
Jupiter, FL, 33478

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TALLAHASSEE, FLORIDA

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.

Signature of an officer or director

John KAVALIUSKAS
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.

Judy Spillman
Signature of Registered Agent

June 19, 2019
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