

N12000010888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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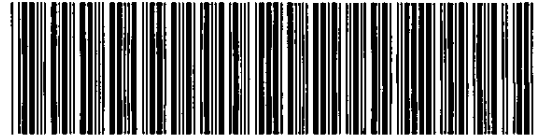
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stable Place, Inc  
Name of Corporation

**DOCUMENT NUMBER:** NI 200000 10 888

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:

Valerie Judd  
Name of Contact Person

Stable Place, Inc  
Firm/Company

Po Box 30334  
Address

Fort Lauderdale FL 33301  
City/State and Zip Code

STABLEPLACE @ Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Judd at (954) 600-2630  
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

April 23, 2014

VALERIE JUDD  
STABLE PLACE, INC.  
P.O. BOX 30334  
FORT LAUDERDALE, FL 33301

SUBJECT: STABLE PLACE, INC.  
Ref. Number: N12000010888

We have received your document for STABLE PLACE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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: 114A00008655

**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: Stable Piece, Inc
2. The principal office address: PO Box 30334 5020 SW 73<sup>rd</sup> Ave  
Fort Lauderdale FL 33301 Davy FL 33324
3. The mailing address (if different): PO Box 30334  
Fort Lauderdale FL 33301
4. Date of incorporation/qualification: 11/19/2012 Document number: N120000010888
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)

Valerie Judd  
2421 Barcelona Drive  
Fort Lauderdale FL 33301

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

Dr. Heather Kuhl  
10390 West Cypress Court  
P.O. Box NOT acceptable  
Pembroke Pines FL 33026

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DIVISION OF CORPORATIONS

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 Valerie Judd - President  
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.

[Signature] PSY.D.  
Signature of Registered Agent

4/13/2014  
Date

HEATHER KULH, PSY.D.  
If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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