

N12000010888

(Requestor's Name)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stable Place, Inc
Name of Corporation

DOCUMENT NUMBER: NI2006010 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
Firm/Company

Do Box 30334
Address

Fort Lauderdale FL 33303
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

**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: Stable Place, Inc
2. The principal office address: 5020 SW 73rd Ave
Davie FL 33324
3. The mailing address (if different): PO Box 30334
Fort Lauderdale FL 33303
4. Date of incorporation/qualification: 11/19/2012 Document number: 112 000010888
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)

Dr. Heather Kuhl
10390 West Cypress Court
Pembroke Pines, FL 33026

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

Dr. Shelley Green
2501 NE 26 Terr.
P.O. Box NOT acceptable
Ft. Lauderdale, FL 33305

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]
Signature of an officer or director

Valerie J. Da... 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]
Signature of Registered Agent

6/18/14
Date

If signing on behalf of an entity:

Shelley Green
Typed or Printed Name

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