

N16 00000 9424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

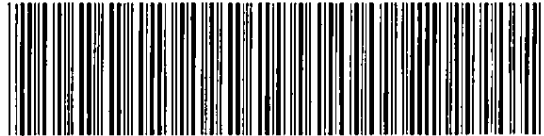
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

AUG 23 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INSPIRE EQUINE THERAPY PROGRAM, INC.
Name of Corporation

DOCUMENT NUMBER: N16000009424

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:

NICOLE CLELAND

Name of Contact Person

Legacy Protection Services, LLC

Firm/Company

100 - 2nd Avenue South, Suite 900

Address

St. Petersburg, Florida 33701

City/State and Zip Code

nbell@legacyprotectionlawyers.com

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

For further information concerning this matter, please call:

NICOLE CLELAND

Name of Contact Person

at (727) 471-5868

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: INSPIRE EQUINE THERAPY PROGRAM, INC.
2. The principal office address: 1743 DONCASTER ROAD, CLEARWATER, FLORIDA 33764
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/26/2016 Document number: N16000009424
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)

MELISSA YARBROUGH, 269 ARBOR DRIVE WEST, PALM HARBOR,

FLORIDA 33764

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

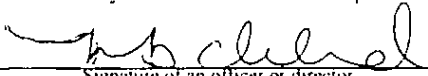
LEGACY PROTECTION SERVICES, LLC

100 - 2ND AVENUE SOUTH, SUITE 900, ST. PETERSBURG, FL 33701

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

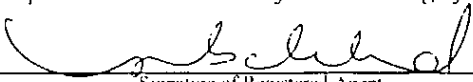
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

NICOLE CLELAND

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 of Registered Agent

7/10/2023

Date

If signing on behalf of an entity:

NICOLE CLELAND

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
CR2E045 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL

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