n17000009a93

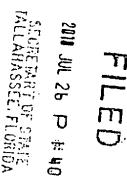
(Req	uestor's Name)			
(Ādd	lress)			
(Add	lress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





500315782435

Bilde, Berthollmet 1 . .



JUL 3 0 2018 7. LT 1....... rund

COVER LETTER

TO: Am Div	endment Section rision of Corporations		
SUBJECT:	Another Chance Stables, Inc		
SUBJECT	Name of Corp	pration	
DOCUME	N1700009293		
The enclose	ed Statement of Change of Registered Office/A	gent and fee are submitted for filing.	
	n all correspondence concerning this matter to		
	Pamela Anderson		
	Name of Contac	t Person	
	Another Chance Stables, Inc		
	Firm/Comp	any	
	P O Box 2977		
	Address		
S. Palm Beach, Florida 33480			
	City/State and Z	Tip Code	
	AnotherChanceStables@gmail.co	om	
	E-mail address: (to be used for futu	re annual report notification)	
For further	information concerning this matter, please call	:	
Pamela A		327-2588	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is	a \$35.00 check made payable to the Departme	ent 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	
		Tallahassen Fl 32301	

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

statement of cha	nge is submitted for a corporation	517.0502, 607,1508, or 617,1508, Florid in organized under the laws of the State ir registered agent, or both, in the State o	of Florida	
1. The name of t	he corporation: Another Chanc	ce Stables, Inc		
2. The principal	office address: 125 S. State R , Florida 33414	d 7 #104196		
	ddress (if different): PO Box 29 Beach, Florida 33480	977		
4. Date of incorp	oration/qualitication: 9-13-17	Document number: N170	000009293	
5. The name and		stered agent and registered office on file		
	Starr M. Almeida			
	125 South S.R. 7 #104			
	Wellington, Florida 33414		2018 JUL 26 SUCKETABE	M
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered	L 26	FILED
	Ada F. Bravo			.
	650 NW 180th Terrace #10	03	810 5 0	
	Pembroke Pines, Florida 3	Box: NOT acceptable	-	
The street addre as changed will	ss of its registered office and the	e street address of the business office o	 f its registered ager	nt.
Such change wa	s authorized by resolution duly a	adopted by its board of directors or by seen notified in writing of the change.	an officer so	
Tamela	a-anderson	Pamela Anderson, Direc		_
Ljurther agree t performance of	o comply with the provisions of a my duties, and I am tamiliar with	Printed or typed name an gent and agree to act in this capacity, all statutes relative to the proper and c h and accept the obligation of my posit to reflect a change in the registered of diffied in writing of this change.	complete tion as registered	
ada	Lature of Registered Agent	07/16/201.	Ÿ	
•	•	Date		
II signing on bel	half of an entity:			
- Iv	ped of Printed Name	-		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (63-12)

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