

n17000009293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500315782435

DATE RECEIVED 1 1 2011

FILED
2010 JUL 26 P 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2010

T. L. L. L.

msd

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Another Chance Stables, Inc
Name of Corporation

DOCUMENT NUMBER: N17000009293

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:

Pamela Anderson
Name of Contact Person

Another Chance Stables, Inc
Firm/Company

P O Box 2977
Address

S. Palm Beach, Florida 33480
City/State and Zip Code

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

For further information concerning this matter, please call:

Pamela Anderson 561 327-2588
Name of Contact Person at () 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

