

N36359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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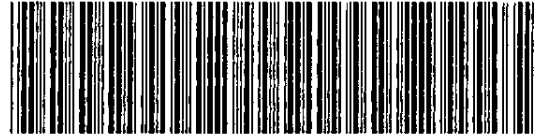
(Business Entity Name)

(Document Number)

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[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **EQUESTRIAN CLUB PROPERTY OWNERS ASSOCIATION, INC.**
Name of Corporation

DOCUMENT NUMBER: **N36359**

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:

MATTTHEW F. LUPARDO, ESQ.

Name of Contact Person

MATTTHEW F. LUPARDO, P.A.

Firm/Company

685 ROYAL PALM BEACH BOULEVARD, SUITE 104

Address

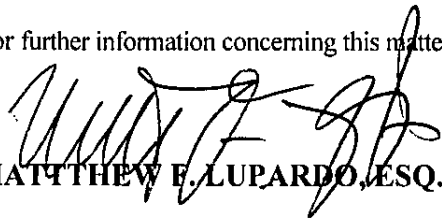
ROYAL PALM BEACH, FLORIDA 33411

City/State and Zip Code

MATTHEW@LUPARDOLAW.COM

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:


MATTHEW F. LUPARDO, ESQ.

(561) 204-2988

Name of Contact Person

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

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TALLAHASSEE, FLORIDA

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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: **EQUESTRIAN CLUB ESTATES PROPERTY OWNERS ASSOCIATION, INC.**
2. The principal office address: **C/O SEACREST SERVICES, 2400 CENTERPARK WEST DRIVE, WEST PALM BEACH, FLORIDA 33409**

3. The mailing address (if different): _____

4. Date of incorporation/qualification: **January 30, 1990** Document number: **N36359**

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) **RESIGNED**

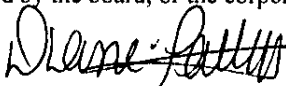
JOHN NEWSOME
3461-B FAIRLANE FARMS ROAD
WELLINGTON, FLORIDA 33414

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

MATTHEW F. LUPARDO, ESQ.
685 ROYAL PALM BEACH BOULEVARD
SUITE 104
ROYAL PALM BEACH, FLORIDA 33411

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

DIANE PATTERSON, 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, hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent



Date

If signing on behalf of an entity:

Typed or Printed Name

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