

P00000011093



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 5, 2005

HORSE COUNTRY INVESTMENTS, INC.  
POST OFFICE BOX 770446  
OCALA, FL 34477-0446 US

SUBJECT: HORSE COUNTRY INVESTMENTS, INC.  
Ref. Number: P00000011093

000061794770

It has come to our attention through an audit of our records that your entity has improperly designated the address of your registered agent's office.

Florida law requires that an entity designate a street address for the office of the registered agent. The address may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by December 5, 2005, your entity will be administratively dissolved. Please send this form back to my personal and confidential attention to insure the proper filing of this document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 905A00060395

SECRET  
TALLAHASSEE, FLORIDA

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*Attached*

*Fee waived*

*Ro chg.*  
*Sf*

**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: HORSE COUNTRY INVESTMENTS, INC.
2. The principal office address: 23 CARRY BACK RD  
OCALA FL 34482
3. The mailing address (if different): POST OFFICE BOX 770446  
OCALA FL 34477-0446
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SONIA L. ARGENIO  
POST OFFICE BOX 770446  
OCALA FL 34477-0446

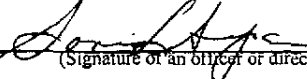
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SONIA L. ARGENIO  
23 CARRY BACK RD  
(P.O. Box NOT acceptable)  
OCALA FL 34482

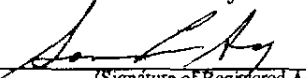
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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) SONIA L. ARGENIO (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) 8/30/05 (Date)

If signing on behalf of an entity:

SONIA L. ARGENIO  
(Typed or Printed Name)

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