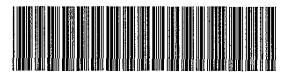
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	:
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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(Document Number)	<u></u>
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## **COVER LETTER**

Division of Corporations
SUBJECT: DOWNTOWN HORSE & CARRINGE TAC." (Name of corporation)
DOCUMENT NUMBER: # PO 10000 310416
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:
ANNE P. MCCARTHY (Name of contact person)
(Name of contact person)
" DOWNDWN HORSE + CARRIAGE INC " (Firm/Company)
3898 161 ST TERRACE HORTY (Address)
LOXANATCH EE FL. 33470 (City/state and zip code)
For further information concerning this matter, please call:
ROBERT Stitt at (501) 791-2920 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

## 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: DOUNTOWN HORSE + CARRIAGE, JUX.	
2. The principal office address: 3878 // TERRACE NORTH	_
3. The mailing address (if different): 6 AME)	<u> </u>
4. Date of incorporation/qualification: 4-6-01 Document number: POICOCO 364116	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Jenni fer GRIFFITH	
11415 56 BLACE NORTH	
ROLAL PALM BEACH, FL. 33411	<del></del> .,
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
3898 IU ST. TERRACE NORTH FOR THE STATE OF T	and the second
LOXAHATCHEE, FL. 33470	
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 of director)  ANNE D. MC CARTH	Ľ
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)  (Signature of Registered Agent)  (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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