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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

NC. SUBJECT: ame of 030000149 **DOCUMENT NUMBER:**

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:

ENE ERSILO (Name of person) lame of firm/company) FTON Address) 334 69 EST AC (City/state and zip code)

For further information concerning this matter, please call:

(Area code & daytime telephone number) (Name of person)

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 409 E. Gaines Street 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

of Florida.

- 1. The name of the corporation: <u>WIID</u> HORSE Landschping, INC. 2. The principal office address: <u>4163</u> AFton Ct
- 3. The mailing address (if different): <u>SAME</u>
- 4. Date of incorporation/qualification: 2/12/03 Document number: 10.30000 1/1988
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

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

mailbox NOT acceptable) or person SEACL

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.

6 (Signature of an officer, chairman or vice chairman of the board)

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PH 2:

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

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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