10400000000008

(Re	equestor's Name)	
(Ad	ldress)	-
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400110099704

35.00 **FILED**35.00 **FILED****35.00 **FILED****35.00 **FILED****35.00 **FILED****35.00 **FILED****35.00 **FILED****35.00 **FILED****35.00 **FILED****35.00 **FILED**

May and the second of the seco

COVER LETTER

Division of Corporations
SUBJECT: Baybourne Equestrian Services (Name of Corporation)
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:
Lynn McCaughey (Name of Contact Person)
Baybourne Equestrian Services (Firm/Company)
35409 Sarah Lynn Drive, Apt #107 (Address)
Dade City FL 33525 (City/State and Zip Code)
For further information concerning this matter, please call:
Lynn McCaughey at (813) 417-0582 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State.
Enclosed is a \$55.00 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

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: Baybourne Equestrian Services
2. The principal office address: 35409 Sarah Lynn Drive Apt #107, Dade City FL 33525
3. The mailing address (if different):
4. Date of incorporation/qualification: Feb. 9, 2004 Document number: P0400025608
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Lynn McCaughey PSE 3
216 E. Cluster Ave.
TAMPA FL 33604 23
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lynn McCaughey
Lynn McCaughey 35409 SArah Lynn Drive Apt #107 (P.O. Box NOT acceptable) Dada Cit. Fl. 33525
Dade City, FL 33525
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.
Synthe Causkey Lynn He Caughey President (Signature of an officer opdirector) Lynn He Caughey President (Printed or typed name and Mile)
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.
Shyn Mc Cauches 19 Oct 2007 (Signature of Registered/Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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