P05000027227

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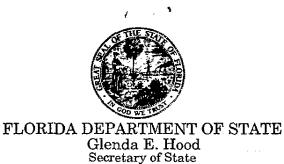
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DragonHorse International, Inc. (Name of corporation)
DOCUMENT NUMBER: 10500027227
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:
Anthony K Peterson
(Name of contact person)
(Firm/Company)
5202 Glenmoor Dr.
(Address)
West Palm Beach, FL 33409
(City/state and zip code)
For further information concerning this matter, please call:
Tor radice information concerning this matter, prease can.
Tony Peterson at (321) 626-1524
Tony Peterson at (321) 626-1524 (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



August 2, 2005

ANTHONY K. PETERSON DRAGONHORSE INTERNATIONAL, INC. 5205 GLENMOOR DRIVE WEST PALM BEACH, FL 33409

SUBJECT: DRAGONHORSE INTERNATIONAL, INC.

Ref. Number: P05000027227

We have received your document for DRAGONHORSE INTERNATIONAL, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 805A00049793

Thelma Lewis
Document Specialist Supervisor

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	•	607.0502, 617.0502, 6			tutes, this	
, .	-	corporation organized ed office or registered		•	rida.	• •
1. The name of the co	omoration. Dra	ngonHorse Internation	nal, Inc.			
2. The principal offic	orpotation	2 Glenmoor Dr., West		L 33409	<u></u>	
2. The principal offic	e address		<u> </u>			
3. The mailing addre	ss (if different):					<u> </u>
4. Date of incorporat	ion/qualification:	2/22/2005	Document nun	nber: <u>P0500</u>	0027227	
5. The name and stre Florida Departmen		current registered agent	t and registered o	ffice on file with	the	
	Anthony K Pe	eterson		<u> </u>	金 3	
<u>-</u>	1167 Sanddu	ne Ln	அரச்ப வந்	2"	黄	T
····	Melboume, F	L 3295	400			ED.
6. The name and stre (if changed):	et address of the r	new registered agent (i	f changed) and /o	r registered office	FSTATE	 ?:
	Anthony K Pe	terson	<u></u>			
	5202 Glenmo		7 F	<u> </u>	<i>ੂ</i> ਤਾਂ	en e
***	(P	O. Box NOT acceptable)				
	West Palm Be	each, FL 33409			/ <u>a</u>	e -
The street address of as changed will be id	f its registered of dentical.	fice and the street add	lress of the busin	ness office of its r	registered agent,	
Such change was au authorized by the bo	thorized by resol pard, or the corpo	ution duly adopted by ration has been notific	its board of dire	ectors or by an of the change.	fficer so	
(Signature of a	un officer or director)	·	Anthon	ortyped name and title	yson VP/	Trewurer
I hereby accept the c I further agree to co of my duties, and I a document is being fi corporation has bee	appointment as re imply with the pro im familiar with a led merely to ref in notified in writ	egistered agent and a ovisions of all statutes and accept the obligat lect a change in the re ing of this change.	gree to act in thi relative to the p tion of my position gistered office a	s capacity. proper and compl on as registered a address, I hereby	lete performance agent. Or, if this confirm that the	
Signature	e of Registered Agent)		July	(Date)		<u>.</u>
If signing on behalf						
(Typed	or Printed Name)	and the second s			. '	

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