P05000039790

(Re	questor's Name)	
————————(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: HorseSmartSeries Inc.	poration)
DOCL	UMENT NUMBER: P05000039790	
The en	nclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter t	o the following:
	Tina Calhoun (Name of Cont	ant Person)
	HorseSmartSeries Inc. (Firm/Con	·
	8260 SW 56th Terrace (Addre	ss)
	Ocala, Florida 34476	
	(City/State and	Zip Code)
For fur	orther information concerning this matter, please cal	ll:
Tina	Calhoun	at (352) 804-0411 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Departm	ent 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

·	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: HorseSmartSeries Inc.
2. The principal	office address: 8260 SW 56th Terrace, Ocala, Florida 34476
3. The mailing a	address (if different): 8260 SW 56th Terrace, Ocala, Florida 34476
4. Date of incorp	poration/qualification: 3/16/05 Document number: P05000039790
	d street address of the current registered agent and registered office on file with the rtment of State:
	Gordon S. Calhoun
	8260 SW 56th Terrace
	Ocala, Florida 34476
6. The name and (if changed):	Ocala, Florida 34476 d street address of the new registered agent (if changed) and /or registered office
	Gordon S. Calhoun
	5400 SW College Road #302-167
	(P.O. Box NOT acceptable) Ocala, Florida 34474
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
(Signatu	re of an officer or director) TINA Calhoun, Sec.
l further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
(Sig	gnature of Registered Agent) //59/67 (Date)
If signing on be	half of an entity:
Gord	S. Calhoun Typed or Printed Name)

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