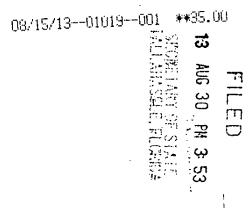
## P12000057031

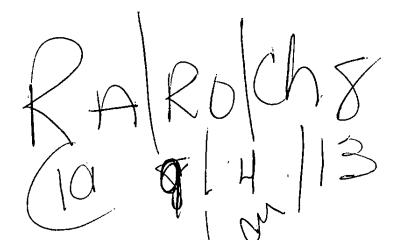
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200250751832





TO: Amendment Section Division of Corporations		
SUBJECT: Sea Horse Stables Inc. Name of Corporation		
DOCUMENT NUMBER: 12000057031		
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:		
Lynda Johnston Name of Contact Person  Sea Horse Stables no Firm/Company		
P.O. BOX 900 Address		
Dunnellon Fl. 34430 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Lynda Tohnston at (352) 489 3210  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 Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

Tallahassee, FL 32314



August 20, 2013

LYNDA JOHNSTON SEAHORSE STABLES INC P.O. BOX 900 DUNNELLON, FL 34431

SUBJECT: SEAHORSE STABLES INC.

Ref. Number: P12000057031

We have received your document for SEAHORSE STABLES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 913A00019887

## 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 of registered agent, or both, in the State of Florida.
1. The name of the corporation: Sea Horse Stables Inc
2. The principal office address: 13991 S-E. 120th Street Dunnellon of 3441
3. The mailing address (if different): P.O. BOX 900 Dunnellon Fl. 34430
4. Date of incorporation/qualification: 6/26/2012 Document number: P1200057031
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Linited States Corporation Agents Inco &  1 13302 Winding OAK court Suite A  Tampa, Fl. 33612 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lynda Johnston
13991 S-E- 120th STREET
P.O. Box NOT acceptable
Dunnellon Fl 34431
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.
Jynda Johnston President  Printed or typed name and title
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.
Jundo Johnston S/13/13 Signature of Registered Agent Date
If signing on behalf of an entity:
Lynda Johnston Typed or Printed Name

O

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