P97100009663

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900250220149

08/08/13--01005--003 **35.00

13 MIC -8 AM C. LO

RACh 8 10 8.13.13

COVER LETTER

TO: Amendment Section Division of Corporations

inc, _{subject:} plush pony

Name of Corporation

DOCUMENT NUMBER: p97000096663

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:

JAYELEE HANSEN

Name of Contact Person

PLUSH PONY

Firm/Company

2028 S. MILITARY TRAIL

Address

WEST PALM BEACH,FL.33415

City/State and Zip Code

WANDABEARS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WANDA LEECH

,828

3611632

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
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

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	rioriaa.
1. The name of the corporation: PLUSH PONY, INC.	
2. The principal office address: 2028 S. MILITARY TRAIL WEST PALM BEACH ,FLORIDA 33415	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1997 11 13 Document number: P970	00096663
5. The name and street address of the current registered agent and registered office on file v Florida Department of State: (If resigned, enter resigned)	
ROBERT LEECH	_
2028 S MILITARY TRAIL	_
WEST PALM BEACH ,FLORIDA 33415	_
6. The name and street address of the new registered agent (if changed) and /or registered o (if changed):	ffice
JAYELEE HANSEN	ಪ
2028 S. MILITARY TRAIL	
P.O. Box NOT acceptable	
WEST PALM BEACH ,FLORIDA 33415	
The street address of its registered office and the street address of the business office of its changed will be identical.	its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so
Wanda Joech Signature of an officer or director WANDA LEECH PRES Printed or typed name and t	CIDENT INC.
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 coperformance of my duties, and I am familiar with and accept the obligation of my position agent. Or, if this document is being filed merely to reflect a change in the registered office hereby confirm that the corporation has been notified in writing of this change.	mplete m as registered ice address, I
Inderstance 8.5.13	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

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