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(Re	equestor's Name)		_
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	of Status	
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Special Instructions to	Filing Officer:		
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DECRETARY OF STATE ALLAMASSEE, FLORIDA

R.A. Change

T BROWN FEB 1 1 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chirell Custor Horses, Inc.

(Name of corporation)

DOCUMENT NUMBER: P9800017488

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:

Michael T. Chirelli (Name of contact person)

Assign Scale (Ox (Address))

For further information concerning this matter, please call:

Michael T. Chirelli at (386, WS-0072)

(Name of contact person)

at (386, WS-0072)

(Name of contact person)

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 409 E. Gaines Street Tallahassee, FL 32399

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

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