

11/4/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

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Account Name : BUSINESS FILINGS
Account Number : 105256001620
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Email Address: Drivers@hsimanagement.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 NOV -1, AM 1:09

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2020 NOV -1, PM 3:43

**REGISTERED AGENT CHANGE
BUCKINGHAM STABLES, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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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 or registered agent, or both, in the State of Florida.

1. The name of the corporation: BUCKINGHAM STABLES, INC.
2. The principal office address: 1900 Sunset Harbour Drive Ph2, Miami Beach, Florida 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/22/1998 Document number: P98000036455
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)

C T CORPORATION SYSTEM1200 SOUTH PINE ISLAND ROADPLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Business Filings Incorporated1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, Florida 33324

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.

Douglas C. Trivers
Signature of an officer or director

Douglas C. Trivers, Secretary
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.

Mark Williams
Signature of Registered Agent

29th day of October, 2020
Date

If signing on behalf of an entity:

Mark Williams, AVP

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

CR2E045 (03/12)

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