

ACCOUNT NO.

072100000032

REFERENCE

: 405693 4359364

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 8, 1999

ORDER TIME : 3:29 PM

ORDER NO. : 405693

CUSTOMER NO: 4359364

600003010636

-10/11/99--01009--007 *****35.00 *****35.00

CUSTOMER: Nancy Heim, Legal Asst

Bruce D. Oberfest & Associates

287 King Street

Chappaqua, NY 10514

CHANGE OF AGENT

NAME: SL&E TRAINING STABLES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

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

		ns 607.0302, 617.030 ed under the laws of the			
mbmits the fallo	wing statement in o	rder to change its reg.	istered office or re	egistered agent, or	both, in
he State of Flori	da.				
l. The name of t	he corporation is: _	SL&E Trainin	<u>g Stables, I</u>	nc.	
2. The mailing a West Pa	ddress of the corpora	anion is: 312 Cle 33401	matis St., E	Fifth Floor,	
3. Date of incorp	ooration/qualification	n: <u>6/17/98</u>	Document i	number: <u>698A000</u> :	33867
		ent registered agent and			
•	. Corporatio	n Service Compa	iny	- SE SE	
	1200 Hays	St	<u></u>		
	<u>Tallahasse</u>	e, FL <u>323</u> 01		S	
The name and	d address of the new	registered agent and o	ffice: (P. O. Box N	vot Acceptable)	'n
	Vance Kist	ler			<u> </u>
	312 Clemat	is St., Fifth I	loor) 50 A	e se e e
	West Palm	Beach, Fl 3340.	<u> </u>	<u></u>	
The street addresses, language	ess of its registered and, will be identical.	office and the street a	ddress of the busi	iness office of its r	egistered
Such change w	as authorized by res	olution duly adopted l	by its board of dir	rectors or by an off	icer so
authorized by th			The second secon	6/1/99	
(Signature	of an officer charman or	r vice chairman of the board)	<u> </u>	(Date)	 ·
Camual 7	3. Edelman, Pr	esident			#F 1
Bamaer 1	(Printed or typed n	ame and title)		· · ·	'4-
-corporation, I h -I bother acree t	ereby accept the app to comply with the pr my duties and I am	gent and to accept serv pointment as registered rovisions of all statutes familiar with and acce	i agent and agree i relative to the pro	io act in ims capacit oper and complete	ny :
1/- 1/-	A		6/1/	99	
Wance Kist	Signature of Registered A	Agent)	(L	late)	 .
If signing on behalf				·· _ ·	=4-
					
	(Typed or Printed Name)	. 	·	(Capac.r.)	

CR25O45(7.97)

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