

P98000103187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

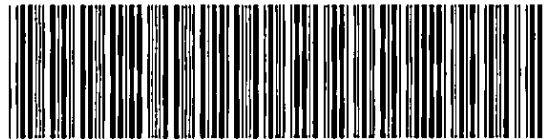
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 27 AM 9:22
STATE
CLERK

SD

APR 30 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2021

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: KINGRIDGE STABLES SOUTH, INC.
Ref. Number: P98000103187

We have received your document for KINGRIDGE STABLES SOUTH, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Registered Agent resignation form is not submitted to our office. You need to complete the section 5.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00008785

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 781663 7491627

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : April 26, 2021

ORDER TIME : 11:13 AM

ORDER NO. : 781663-010

CUSTOMER NO: 7491627

CHANGE OF AGENT

NAME: KINGRIDGE STABLES SOUTH, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kingridge Stables South, Inc.

Name of Corporation

DOCUMENT NUMBER: P98000103187

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:

Harry Linton

Name of Contact Person

Epstein Enterprises Inc.

Firm/Company

7 St. Thomas St, Suite 405

Address

Toronto, ON, Canada M5S 2B7

City/State and Zip Code

harry@epsteinenterprises.com

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

For further information concerning this matter, please call:

Harry Linton

416

402-8498

Name of Contact Person

at (_____))

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

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: Kingridge Stables South, Inc.
2. The principal office address: 7 St. Thomas St., Suite 405
Toronto, ON, Canada M5S 2B7
3. The mailing address (if different): _____

4. Date of incorporation/qualification: December 10, 1998 Document number: P98000103187

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)

Sharp, William MSR.

4890 W. Kennedy Blvd Suite 900

Tampa, FL 33609

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

Corporation Service Company

1201 Hays Street

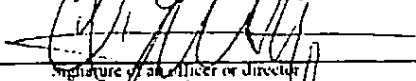
P.O. Box NOT acceptable

Tallahassee

FL 32301

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.



Signature of an officer or director

Oded Levi

CFO

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.

Corporation Service Company

By: 

04/27/2021

Signature of Registered Agent

Date

If signing on behalf of an entity:

Amanda Robinson, Assistant Vice President

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)