

V68133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF MARYLAND
DEPARTMENT OF REVENUE

C. LEWIS
AUG 18 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Horseradish, Inc
Name of Corporation

DOCUMENT NUMBER: V 68133

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:

Britta Soderqvist
Name of Contact Person

The Horseradish, Inc
Firm/Company

1313 Morningside Dr
Address

Ft Myers FL 33901
City/State and Zip Code

brittahan@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Britta Soderqvist at (239) 561-8061
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

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: The Horseradish Inc
2. The principal office address: 1313 Morningside Dr
Ft Myers FL 33901
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Sept 17, 1992 Document number: V68133

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)

R. Greg Smith

101 N. Clematis St Suite 220

West Palm Beach FL 33402

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

Britta Sadergvist

1313 Morningside Dr

P.O. Box NOT acceptable

Ft Myers FL 33901

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.

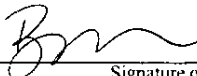


Signature of an officer or director

LARS SADERGVIST, President

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.



Signature of Registered Agent

8/4/2014

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
CR2E045 (03/12)

14 AUG -7 PM 2:11

STATE DEPT OF STATE
DIVISION OF CORPORATIONS