I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON POULIN

Electronic Signature of Signing Officer/Director Detail

Entity Name: SCHOOL OF DRESSAGE, INC.

Current Principal Place of Business:

1307 SPRING GARDEN RANCH RD. DELEON SPRINGS, FL 32130

Current Mailing Address:

P.O. BOX 597 DELEON SPRINGS, FL 32130

FEI Number: 05-0588813

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BAUER, KIRK TESQ. 223 S. WOODLAND BLVD. DELAND, FL 32720 US

Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Officer/Director Detail :			
Title	PRESIDENT	Title	VICE PRESIDENT, SECRETARY, TREASURER
Name	POULIN, MICHAEL B		
Address	s 1307 SPRING GARDEN RANCH RD ate-Zip: DELEON SPRINGS FL 32130	Name	POULIN, SHARON R
		Address	1307 SPRING GARDEN RANCH RD
City-State-Zip:		City-State-Zip:	DELEON SPRINGS FL 32130

Date

VICE PRESIDENT

IT 11/06/2017