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: SHEILA BUDDEN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P99000086113

Entity Name: BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC.

Current Principal Place of Business:

3655 NE 138TH PLACE ANTHONY, FL 32617

Current Mailing Address:

PO BOX 669 OCALA, FL 34478

FEI Number: 65-0947408

Name and Address of Current Registered Agent:

HAINES, TIM D 125 NE 1ST AVENUE SUITE 1 OCALA, FL 34470 US CC0854654458

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :				
	Title	VP	Title	S
	Name	BRIGGS, ALAN R	Name	BUDDEN, SHEILA
	Address	P.O. BOX 669	Address	PO BOX 669
	City-State-Zip:	OCALA FL 34478	City-State-Zip:	OCALA FL 34478
	Title	D	Title	D
	Name	CROMARTIE, ALEXANDER I	Name	GALVAN, DAVID
	Address	P.O. BOX 669	Address	P.O. BOX 669
	City-State-Zip:	OCALA FL 34478	City-State-Zip:	OCALA FL 34478
	Title	PRESIDENT		
	Name	CROMARTIE, ROBERT A		
	Address	PO BOX 669		
	City-State-Zip:	OCALA FL 34478		

SECRETARY

Date

04/30/2018

Date

FILED Apr 30, 2018 Secretary of State CC0854654458