

F970000001468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

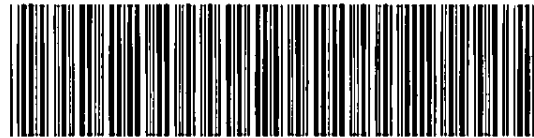
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2019 SEP -9 PM 5:36

SD

C. GOLDEN

SEP 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thoroughbred Retirement Foundation

Name of Corporation

DOCUMENT NUMBER: F97000001468

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:

John Roche, CEO

Name of Contact Person

Thoroughbred Retirement Foundation

Firm/Company

PO Box 834

Address

Saratoga Springs NY 12866

City/State and Zip Code

info@thoroughbredretirement.org

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

For further information concerning this matter, please call:

Cheryl Tanner

Name of Contact Person

at (518) 226-0028

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2019

JOHN ROCHE
POST OFFICE BOX 834
SARATOGA SPRINGS, NY 12866

SUBJECT: THOROUGHBRED RETIREMENT FOUNDATION, INC.
Ref. Number: F97000001468

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. ^{corrected} Please correct your document accordingly.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office. ^{corrected}

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 919A00015693

ok manual corrections made
per agent conversation w/ Claretha Golden



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2019

JOHN ROCHE
POST OFFICE BOX 834
SARATOGA SPRINGS, NY 12866

SUBJECT: THOROUGHBRED RETIREMENT FOUNDATION, INC.
Ref. Number: F97000001468

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00015117

2019 JUL 29 PM 12:57

RECEIVED

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Thoroughbred Retirement Foundation, INC.
2. The principal office address: ~~P.O. Box 834~~, Saratoga Springs, NY 12866 *Chambers*
~~10 Lake Avenue,~~ *CLT*
3. The mailing address (if different): ~~10 Lake Avenue,~~ Saratoga Springs, NY 12866
4. Date of incorporation/qualification: 03/21/1997 Document number: F97000001468

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)

CT Corporation

1200 South Pine Island Road

Plantation, FL 33324

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

2019 SEP -9 PM 5:36

CLT

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

John Roche, CEO
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)

07/11/2019
Date

If signing on behalf of an entity:

Lorie Cuni on behalf of InCorp Services, Inc.
Typed or Printed Name

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