Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Statement of Change or **Registered Office, Registered** Agent, or Both

6/20/2011 12:02:13 PM Fee receipt: \$10.00

RAC

N601

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

## **EQUESTRIAN EVENTS, INC.**

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent	2. Registered agent is hereby changed to:
	LISA BALL
3. Address of current registered office	4. Registered office is hereby changed to:
4054 ECLIPSE DRIVE	4054 ECLIPSE DRIVE
LEXINGTON, KY 40511	LEXINGTON, KY 40511

5. Signature of officer or chairman of the board	6. Consent of new agent
LISA BALL, PRESIDENT Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
100 Sec.	LISA BALL
Type or print name and title	Signature and Title
6/20/2011 12:02 PM	Type or print name and title