LDOCH	MENT # 702462)								8
1. Entity Nam		•					7500 E-	à		
LEON COUNTY HUMANE SOCIETY, INC.						ı i i.	m bana kan	ħ		
Principal Plac	ce of Business	Mailing Address				00 FEB -7	PH 3:	25		
743 E. TENNESSEE ST		743 E. TENNESSEE ST				SEGNETY.	: 11 ST/	ATE		
TALLAHASSEE US	FL 32308	tallahassee FL 32308-49 US	913		1.	ALLAHASS	LL.FLO	RIDA		
2. Princinal P	Place of Business	3. Mailing Address								
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Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WHIT	E IN THIS SE			,
City & Stat	te	City & State			4. FEł Number	59-6138275		\rightarrow	oplied For ot Applicable	}
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add		
*	6. Name and Address of Curre	ent Registered Agent	<u> </u>		_7. Name and A	dress of New R				1
	 -		Nam	le //	nas C. I	R.11				
			Stree	Street Address (P.O. Box Number is Not Acceptable)						1
VALERY, N			/2	28 N	raciay	Road	-			4
	:NWOOD LN SSEE FL 32308		17	rllaha	9550el			_		
IALLADAG	33EE FL 32300		City	, , , , , , , , , , , , , , , , , , , 			FL	Zip Cod	e 2 . 7	1
g The chave	e named entity submits this statemen	t for the purpose of changing its	registered office	o or register	ed agent or both	in the state of Flo		361	10	-
o. The above	e named entity submits this statemen	it for the purpose of changing ha	regiotorea cine	c or rogicioi	od agont, or boun,	in the state of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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SIGNATURE		- 13ell					1/00			
	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E: Registered Agent si	ignature required	when reinstating)		DATE			
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	FILE NOW:	9. Election Campaign			May Be		Check P)	
	FILE NOW: FEE IS \$61.25	9. Election Campaigr Trust Fund Contrib			May Be i to Fees		e Check Partment o		•	
10	FEE IS \$61.25	Trust Fund Contrib	ution.	Added	i to Fees	De _l	partment o	of State		
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TITLE	FEE IS \$61.25 OFFICERS AND	Trust Fund Contrib	11.	Added	to Fees ADDITIONS/CHAN	De	partment o	of State		(66/6)
	FEE IS \$61.25 OFFICERS AND P BELL, NANCY	Trust Fund Contrib	11.	Added	ADDITIONS/CHAN	Del	partment o	of State	V 10	37 (9/99)
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SIGNATURE: SIGNATURE REQUIRED Shawn McMasters 1/29/00 850-942-9124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEPOT Date Date Daylore Phone *