## F0700000548

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(2000)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only



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C. GOLDEN 406 2 8 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date:August 27, 2020		Account#: 12000000008	
Name: David S	Shulman		
Reference #:	1193510		
Entity Name:	CAN	INE ASSISTANTS, INC.	
Articles of Incorp	oration/Authoriz	zation to Transact Business	
Amendment			
✓ Change of Agent	:	ISSUES? CALL	
Reinstatement		David:	
Conversion		850-270-0082	
☐ Merger			
☐ Dissolution/Witho	drawal		
☐ Fictitious Name			
OtherPlease retain the original filing date!			
Authorized Amount: Signature:	\$35.0	0	



August 26, 2020

COGENCY GLOBAL

SUBJECT: CANINE ASSISTANTS, INC.

Ref. Number: F0700000548

We have received your document and check(s) totaling \$7000.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

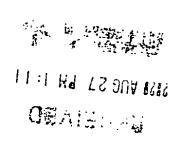
The filing fee to change the registered agent is \$35.

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: 820A00016317



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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or registe	ized under the laws of the State ofGeorgia
	VINE ASSISTANTS, INC.
2. The principal office address: No Change	
3. The mailing address (if different):	
4. Date of incorporation/qualification: January 29, 20	007 Document number: F0700000548
5. The name and street address of the current registered as Florida Department of State: (If resigned, enter resigned)	cent and registered office on file with the
CORPORATION SER	VICE COMPANY
1201 HAY	S ST
TALLAHASSEE	, FL 32301
6. The name and street address of the new registered agen (if changed):	(if changed) and /or registered office
COGENCY GLOBAL IN	2.3
115 North Calhoun St.,	Suite 4
Tallahassee, FL 3230	1
The street address of its registered office and the street a us changed will be identical.	ddress of the business office of its registered agent.
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been noti-	by its board of directors or by an officer so fied in writing of the change.
ignature of arran tider of thector	GARY ARNOLD CFO
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statut performance of my duties, and I am familiar with and acc agent. Or, if this document is being filed merely to reflec hereby confirm that the corporation has been notified in	agree to act in this capacity. es relative to the proper and complete esept the obligation of my position as registered
/s/ Tirn Mayville Signature of Registered Agent	8/18/2020 Date
If signing on behalf of an entity	
COGENCY GLOBAL INC.	
Typed or Printed Nume * * * FILING FEE	: \$35.00 ** * ^

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)