

NO900000 7813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

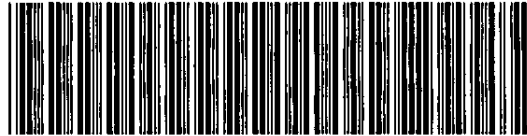
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000277702620

10/05/15--01033--027 **35.00

FILED
2015 OCT -5 AM 10:49
CLERK OF STATE
TALLAHASSEE FLORIDA

OCT 5 2014
C. CARROTHERS



**CANINE
ASSISTED
THERAPY** INC.

954.990.5175 Office

Performing Canine Magic!®

October 2, 2015

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a completed Amendment form and the required \$35 change fee. Also, if possible, can you please update our records to reflect the correct members of the Board of Directors? In addition to the Registered Agent change, we had several members of the board step down. A current board list is attached.

If you have any questions or need additional information, please contact me at 954-990-5175. Thank you.

Sincerely,

Katherine Leone
Executive Director

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Canine Assisted Therapy, Inc.
Name of Corporation

DOCUMENT NUMBER: NO9000007813

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:

KATHERINE LEONE
Name of Contact Person

Canine Assisted Therapy, Inc.
Firm/Company

1040 NE 45 STREET
Address

Oakland Park, FL 33334
City/State and Zip Code

Kathy@catdogs.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHERINE LEONE at (954) 990-5175
Name of Contact Person 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

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

1. The name of the corporation: Canine Assisted Therapy, Inc.
2. The principal office address: 1040 NE 45 STREET
Oakland Park, FL 33334
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 8/10/2009 Document number: W09000007813
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)

Debra M. Berger
1040 NE 45 Street
Oakland Park, FL 33334

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

Joanne Jurgle
SAME
P.O. Box NOT acceptable

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2015 OCT -5 AM 10:49

FILED

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.

Kathleen Leone
Signature of an officer or director

Kathleen Leone
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.

Joanne Jurgle
Signature of Registered Agent

9-29-15
Date

If signing on behalf of an entity:

Joanne Jurgle
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314