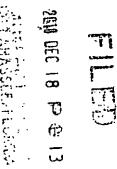
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DEC 19 2018 T. LEMIEUX



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: New Life Medical Service Dogs, Inc.

Name of Corporation

DOCUMENT NUMBER

N17000008549

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:

Myrna Longley

Name of Contact Person

New Life Medical Service Dogs, Inc.

Firm/Company

19123 Yontz Road

Address

Brooksville, FL 34601

City/State and Zip Code

sdadvocates4u@outlook.com

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

For further information concerning this matter, please call:

Myrna Longley

,352

573-7175

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

statement of ch	ange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida
		e or registered agent, or both, in the State of Florida.
	4040034	Medical Service Dogs, Inc. ntz Road Brooksville, FL 34601
2. The principal	I office address: 19123 Yo.	TIZ Road Brooksville, PL 34601
3. The mailing a	address (if different): n/a	
4. Date of incor	poration/qualification: 8/18/2	2017
5. The name and Florida Depart	d street address of the current represent of State: (If resigned, entited)	gistered agent and registered office on file with the
	Myrna Longley	
	19123 Yontz Road B	rooksville, FL 34601
6. The name and (if changed):	I street address of the new regist Harry Lewis, Jr.	tered agent (if changed) and /or registered office
	4375 E. Arlington Stre	eet Unit 8
	Inverness, FL 34453	D. Box NOT acceptable
The street addre is changed will	ss of its registered office and the identical.	he street address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
Signatur	e of an other or diguethr	Myrna Longley Printed or typed name and title
jerformance of i	my dution and Lam familian wi	agent and agree to act in this capacity. I all statutes relative to the proper and complete I hand accept the obligation of my position as registered by to reflect a change in the registered office address, l otified in writing of this change.
US Z	2 fb	12/01/2018
	attreed Agent nalf of an entity:	Date
Tyr	ped or Printed Name	_

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