

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : TRIPP SCOTT, P.A.  
Account Number : 075350000065  
Phone : (954) 525-7500  
Fax Number : (954) 761-8475

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
NO KILL NATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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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, 617.0502, 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: No Kill Nation, Inc.
2. The principal office address: 2342 NE 29th St., Lighthouse Point, FL 33084
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/7/2010 Document number: H10000006271
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)

Hurlburt, Roxanne M1937 NW 74th AvePembroke Pines, FL 33024

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

Ryan H. Lehrer, Esq., c/o Tripp Scott, PA110 SE 6th St, 15th Floor

P.O. Box NOT acceptable

Fort Lauderdale, FL 33031

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.

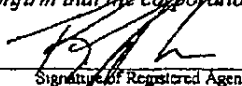


Signature of an officer or director

DEBRA M. DAY

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.



Signature of Registered Agent

2/6/14

Date

If signing on behalf of an entity:

Ryan H. Lehrer

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  
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