Y POINT DRIVE E. 507 US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
E ERIN ZEBELL			03/05/2018
Electronic Signature of Registered Agent			Date
ctor Detail :			
PRESIDENT	Title	SECRETARY	
ZEBELL, ERIN	Name	ARRINGTON, KRISTEN	
3096 MICHIGAN AVE	Address	3096 MICHIGAN AVE	
KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744	
TREASURER			
WOOD, SARAH			
3096 MICHIGAN AVE			
KISSIMMEE FL 34744			
	507 US entity submits this statement for the purpose of changing its regis EERIN ZEBELL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT ZEBELL, ERIN 3096 MICHIGAN AVE KISSIMMEE FL 34744 TREASURER WOOD, SARAH 3096 MICHIGAN AVE	507 US entity submits this statement for the purpose of changing its registered office or regis EERIN ZEBELL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT Title ZEBELL, ERIN Name 3096 MICHIGAN AVE Address KISSIMMEE FL 34744 City-State-Zip: TREASURER WOOD, SARAH 3096 MICHIGAN AVE	507 US         In entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florent State of Registered Agent         ERIN ZEBELL         Electronic Signature of Registered Agent         Ctor Detail :         PRESIDENT         ZEBELL, ERIN         3096 MICHIGAN AVE         KISSIMMEE FL 34744         TREASURER         WOOD, SARAH         3096 MICHIGAN AVE

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100008290

Entity Name: PROTECTORS OF COMPANION ANIMALS, INC.

## **Current Principal Place of Business:**

3096 MICHIGAN AVE KISSIMMEE, FL 34744

## **Current Mailing Address:**

3096 MICHIGAN AVE KISSIMMEE, FL 34744 US

## FEI Number: 59-3760425

Name and Address of Current Registered Agent:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIN ZEBELL

PRESIDENT

03/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Mar 05, 2018 Secretary of State CC1465565306

Certificate of Status Desired: No