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 ex	ecute this report as required by Chapter 617, Florida Statute	s; and that my name appears	
above, or on an attachment with all other like empowered.			
SIGNATURE: RORY DIAMOND	PRESIDENT	02/16/2017	

PRESIDENT

SIGNATURE: RORY DIAMOND

# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N1600000390

#### Entity Name: K9S FOR WARRIORS RESEARCH INSTITUTE, INC

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

114 CAMP K9 ROAD PONTE VEDRA, FL 32081

### **Current Mailing Address:**

114 CAMP K9 ROAD PONTE VEDRA, FL 32081 US

## FEI Number: 81-1120233

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DIAMOND, RORY 114 CAMP K9 ROAD PONTE VEDRA, FL 32081 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.

#### SIGNATURE:

Officer/Director Detail :				
Title	PTSD	Title	D	
Name	DIAMOND, RORY	Name	HALL, CHIPPER	
Address	114 CAMP K9 ROAD	Address	114 CAMP K9 ROAD	
City-State-Zip:	PONTE VEDRA FL 32081	City-State-Zip:	PONTE VEDRA FL 32081	

Electronic Signature of Signing Officer/Director Detail

FILED Feb 16, 2017 Secretary of State CC4835883401

Certificate of Status Desired: No

Date

Date