FEI Number: 83-0825465			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent	::		
MONTENEGRO 1625 46TH AVE ST. PETERSBU				
The above name	d entity submits this statement for the purpose of chang	ging its registered office or regis	tered agent, or both, in the State of Florid	a.
SIGNATURE	E: ELIZABETH MONTENEGRO		(03/08/2023
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	D	Title	DIRECTOR	
	SHAUL, ARTHUR	Name	GODFREY, GEOFFREY	
Name	OHAOL, ARTHOR			
Name Address	794 24TH AVE. NORTH	Address	1710 28TH AVE N	
	794 24TH AVE. NORTH	Address City-State-Zip:		
Address	794 24TH AVE. NORTH		1710 28TH AVE N	
Address City-State-Zip:	794 24TH AVE. NORTH ST. PETERSBURG FL 33704	City-State-Zip:	1710 28TH AVE N SAINT PETERSBURG FL 33713	
Address City-State-Zip: Title	794 24TH AVE. NORTH ST. PETERSBURG FL 33704 DIRECTOR	City-State-Zip: Title	1710 28TH AVE N SAINT PETERSBURG FL 33713 DIRECTOR	

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: ARTHUR SHAUL

DIRECTOR

03/08/2023

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000006145

Entity Name: SAFE PAWS RESCUE, INC.

Current Principal Place of Business:

794 24TH AVE. NORTH ST. PETERSBURG, FL 33704

Current Mailing Address:

FILED Mar 08, 2023 Secretary of State 6799090616CC

Electronic Signature of Signing Officer/Director Detail