

F05000004028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

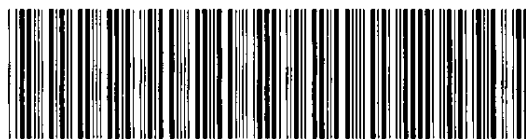
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Registered Office improperly
designated -

No Charge

Office Use Only



400160671064

FILED
09 SEP 16 PM 2:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

R/A Chg.
Jm 9/16/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DRY NO RUST DOG INC
Name of Corporation

DOCUMENT NUMBER: F05000004028

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:

Shirley M. CRAWFORD
Name of Contact Person

DRY NO RUST DOG INC
Firm/Company

94 COTTAGEWOOD DR
Address

SAFETY HARBOR FL 34695
City/State and Zip Code

USCGA246@TAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shirley M. CRAWFORD, PRES at 727 799-9523
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. No Change

RECEIVED
2009 SEP 14 AM 8:00
TALLAHASSEE, FLORIDA
CLERK 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**

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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DRY NO RUST DOG INC
2. The principal office address: 94 COTTAGEWOOD DR.
SAFETY HARBOR, FL 34696
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 5/27/05 Document number: COMPANY E.D. 2366973
DE FILE # 3976875
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)

THE COMPANY CORP
2711 CENTERVILLE RD.
WILMINGTON, DE 19808

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

SHIRLEY M. CRAWFORD
94 COTTAGEWOOD DR.
SAFETY HARBOR, FL 34695

P.O. Box NOT acceptable

FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

09 SEP 16 PM 2:56

FILED

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.

Shirley M. Crawford
Signature of an officer or director

SHIRLEY M. CRAWFORD, PRESIDENT
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.

Shirley M. Crawford
Signature of Registered Agent

9-8-09
SHIRLEY M. CRAWFORD
Date

If signing on behalf of an entity:

Typed or Printed Name

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

No Charge