

F05000005960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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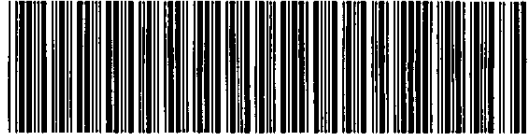
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Second Chance Rescue, Inc.**

Name of Corporation

DOCUMENT NUMBER: **F05000005960**

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:

Ines Harrison

Name of Contact Person

Second Chance Rescue, Inc.

Firm/Company

17888 67th Court North

Address

Loxahatchee, FL 33470

City/State and Zip Code

scrdoral@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ines Harrison

Name of Contact Person

at (**786**) **747-6159**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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 Virginia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Second Chance Rescue, Inc.
2. The principal office address: 17888 67th Court North
Loxahatchee, FL 33470
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/26/2007 Document number: F05000005960
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)

Ines Harrison

735 NE 118 Street

Miami, FL 33161

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

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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.

Ines Harrison
Signature of an officer or director

Ines Harrison, 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.

Ines Harrison
Signature of Registered Agent

11/1/2015

Date

If signing on behalf of an entity:

Second Chance Rescue, Inc.

Typed or Printed Name

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

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
15 NOV 20 PM 1:40