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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 15 AM 10:18

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**REGISTERED AGENT CHANGE
BEST FRIENDS PET CARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SEP 16 2015
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9/15/2015 12:03:13 PM From: To: 8506176380 (2/3)

COVER LETTER

TO: Amendment Section
Division of Corporations

BEST FRIENDS PET CARE, INC.
SUBJECT: _____
Name of Corporation

DOCUMENT NUMBER: _____
F07000004654

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:

AMBER GABRIC

Name of Contact Person

CT CORPORATION

Firm/Company

2075 CENTRE POINTE BLVD, STE 101

Address

TALLAHASSEE, FL

City/State and Zip Code

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

For further information concerning this matter, please call:

AMBER GABRIC _____
Name of Contact Person _____ at (**850**) **558-1937**

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

CR2E04S (03/12)

**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: BEST FRIENDS PET CARE, INC.

2. The principal office address: 520 MAIN AVE NORWALK, CT 06851

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/17/2007 Document number: F07000004654

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

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.


Signature of an officer or director

Dorothy Anderson, VP Finance
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.

By: Connie Brum
Signature of Registered Agent

9/15/2015
Date

If signing on behalf of an entity:

Connie Brum

Typed or Printed Name:
Connie Brum

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)