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900436484859

2024 SEP 24 Aif 9: 16

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, nge is submitted for a corporation to change its registered office o	n organized under the laws of	the State of D	elaware	s
1. The name of the	he corporation: BEST FRIENDS	S PET CARE, INC.			
2. The principal	office address: 535 Connecticut	Avenue, Suite 305, Norwalk,	CT 06854		
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 09/17/200	Document numb	per: F07000004	4654	·
	street address of the current regi tment of State: (If resigned, enter		fice on file with	the	
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation	FL 33	324	<u> </u>	20
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed): Corporation Service Company				TALLAHAS	2024 SEP 24
	1201 Hays Street			SEE	Ä:
	1201 Hayo Circuit	P.O. Box NOT acceptable			မှ
	Tallahassee	FL 32	301		σ
The street addre as changed will	ss of its registered office and th be identical.	e street address of the busines	ss office of its r	egistered	d agent,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of direct been notified in writing of the	tors or by an of e change.	ficer so	
/s/ Carla	Hernandez	Carla Hernandez, I	Manager		
Signatur I hereby accept I further agree to of my duties, and document is beit corporation has Corporation	e of an officer of director the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this n Service Company	gent and agree to act in this a all statutes relative to the pro the obligation of my position ge in the registered office add	typed name and title capacity. oper and compl as registered a dress, I hereby	lete perfo igent. O confirm	ormance r if this that the
By: (ly)	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Ami M. Casper,	Asst. Vice President	_			
Ту	yped or Printed Name				

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