

F110000003647

(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA
14 NOV 17 PM 3:53

NOV 18 2014

T. CARTER

RA/RO Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Royal Paws
Name of Corporation

DOCUMENT NUMBER: F1100000 3647

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:

Terri Malvey-Ray, President
Name of Contact Person

Royal Paws
Firm/Company

1748 Ocean Grove Dr
Address

Atlantic Beach FL 32233
City/State and Zip Code

ceo@royalpaws.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri Malvey-Ray at (678) 458 1780
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2014

TERRI MALUEG-RAY, PRESIDENT
ROYAL PAWS
1748 OCEAN GROVE DR
ATLANTIC BEACH, FL 32233 US

SUBJECT: ROYAL PAWS RESORT & DAY SPA, LTD. CORPORATION
Ref. Number: F11000003647

We have received your document for ROYAL PAWS RESORT & DAY SPA, LTD. CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

The registered agent designated in your document is not an active fictitious name registration according to our records. Such registration is required before your document can be processed. We have enclosed an application for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 314A00022729

RECEIVED
14 NOV 17 AM 8:22
Division of Corporations
P.O. BOX 6227 Tallahassee, Florida 32314

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

1. The name of the corporation: Royal Paws Resort Day Spa Ltd. Corporation
2. The principal office address: 1748 Ocean Grove Dr
Atlantic Beach Fl 32233
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/9/11 Document number: F11000003647

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)

Terry Malye Gray
Royal Paws
2097 Sandhill Crane Dr
32523 Long Lake Ct
Jacksonville Fl 32224

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

Royal Paws LTD.
1748 Ocean Grove Dr
Atlantic Beach, Fl 32233

P.O. Box NOT acceptable

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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] Pres.

Signature of an officer or director

Terry Malye Gray, Pres

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.

[Signature] Pres.

Signature of Registered Agent

11/8/14

Date

If signing on behalf of an entity:

Terry Malye Gray

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314