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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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9 SEP 27 AH 7:

REGISTERED AGENT CHANGE
THE MICHELSON FOUND ANIMALS FOUNDATION, INC.

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C AMERICANA WALL COLL.

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

		0502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of California
		gistered agent, or both, in the State of Florida.
1. The name of	the commerciant THE MICHELSON FO	OUND ANIMALS FOUNDATION, INC.
2. The mainteent	l office address: 3000 S Robertson Blvd.	Suite 105 Los Angeles, CA 90034
2. The principal	I office address:	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 02/27/2014	Document number: F14000000925
5. The name and		d agent and registered office on file with the
	INCORP SERVICES, INC.	`
	17858 67TH CT NORTH	
ı	LOXAHATCHEE, FL 33470	
6. The name ark (if changed):	I street address of the new registered a	gent (if changed) and for registered office
·	C T Corporation System	
	c/o C T Corporation System, 1200 South	
	P.O. Box N	OT acceptable
	Plantation, Florida 33324	
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been i	ted by its board of directors or by an officer so notified in writing of the change.
1	ee Gilbreath	Aimee Gilbreath
	रेट वी क्या वर्गाव्हर तर संगठ्यात	Printed or typed name and lifte
l further agree to performance of agent. Or, if thi hercby confirm	the appointment as registered agent of to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	and agree to act in this capacity. attucs relative to the proper and complete if accept the obligation of my position as registered effect a change in the registered office address, I I in writing of this change.
	noration System	09/20/2019
Sign	hatthe Of Registered Agent	Date
  f signing on bel	half of an entity:	
Bree Zahher- Ass	sistant Secretary	
Ту	ped or Printed Name	
	* * * FILING F	EE: \$35.00 * 1. 4
M/	MAKE CHECKS PAYABLE TO FI MIL TO: DIVISION OF CORPORATIONS,	ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314

1 5 %;