## LOZMOO3197

(Reque	stor's Name	)
(Addres	ss)	
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(City/St	ate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		

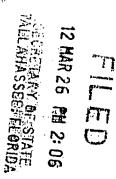
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D. BRUCE

MAR 27 2012

**EXAMINER** 

March 19, 2012

## **VIA US REGULAR MAIL**

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: **FOOO DOG HOLDINGS, L.L.C.** 

Dear Sir or Madam:

On behalf of the above-referenced entity, enclosed please find the following for filing with the Florida Secretary of State:

- 1 One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2 \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

RYAN C. ERMIS

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	: FOOO DOG HOLDINGS, L.L.C.		
2. (a) Principal office address of limited liability of	company: FOOO DOG HOLDINGS, L.L.C.		
(Note: MUST BE STREET ADDRESS)	1500 NE 131ST STREET MIAMI FL 33161		
(b) Mailing address of limited liability company	y: <u>FOOO DOG HOLDINGS, L.L.C.</u>		
(Note: MAY BE POST OFFICE BOX)	1500 NE 131ST STREET MIAMI FL 33161		
02/08/2002	L0200003197		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sho			
Registered Agent:	AUERBACH, MARC H ESOS 25		
Registered Office Address:	200 S. BISCAYNE BLVD		
(b) Enter name of NEW Registered Agent and	New Registered Office address:		
NEW Registered Agent:	Registered Agent Solutions, Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	155 Office Plaza Dr. SS) Suite A		
MUST BE FLORIDA STREET ADDRES	Tallahassee ,FL 32301		
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability company or so the operating agreement of the limited liability company or a signature of a member or authorized representative of a member	der the laws of the State of Florida, it is hereby le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.		
· _			
Printed or typed name of signee	<del></del>		
I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to and I am familiar with and accept the obligations o Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability c	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, If my position as registered agent as provided for in I to merely reflect a change in the registered office company has been notified in writing of this change.		
Signature of Registered Agent  Art Flores, Asst. See	_		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00