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EXAMINER

COVER LETTER

■ \$25 Filing Fee & Certified Cop	☐ \$55 Filing Fee & Certified Copy	
Enclosed is a check for the following amount:		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
(Name of Person) (Area Code & Daytime Telephone N	vumber)	
Michael Gibbs at (813) 854-4014		
For further information concerning this matter, please call:		
(City/State and Zip Code)	300	
Tampa, FL 33626	LORIE CONTRACT	
14250 Carlson Circle Unit K9 (Address)	SEE. FI	
14250 Coulone Circle Unit KO	RE TAR	
Southern Pet Containment (Firm/Company)	TALL	
(Name of Person)		
Michael Gibbs		
Please return all correspondence concerning this matter to the following:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for	filing.	
Dear Sir or Madam:		
(Name of Limited Liability Company)		
SUBJECT: Southern Pet Containment, LLC		
TO: Registration Section Division of Corporations		

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.

1. Name of the limited liability company: Southern F	Pet Containment, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 14250 Carlson Circle Unit K9 Tampa, FL 33626
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	14250 Carlson Circle Unit K9 Tampa, FL 33626
4/10/2003	L03000013107
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Michael Gibbs
Registered Office Address:	11952 Race Track Rd.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	T. 2
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14250 Carlson Circle Unit K9
	<u>Tampa</u> ,FL <u>33626</u>
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I

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

(Signature of Registered Agent)