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Help

K. SALY AUG 28 2018 Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| 2. (a) | Principal office address of limited liability asymptotic | (b) Attn: [| Director, Risk Management |
|---------------------------------------|---|---|---|
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX) |
| | 12100 Racetrack Road, Unit Q3A | 10427 | PetSafe Way |
| | Татра, FL 33626 | Knoxv | ille, TN 37932 |
| | 04/10/2003 | L03000 0 | 013107 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| . (n) | | | |
| , (u) | Registered Agent and Registered Office shown on the records of Chris Chandler | f the Florida Dept. of | State: ALG |
| | Registered Office Address (AIUST BE FLORIDA STREET | d Office Address (MUST BE FLORIDA STREET ADDRESS) | |
| | 12100 Racetrack Road, Unit Q3A | | 3 27 AH 12: 00 |
| | Tampa , Pi | 33626 | Fig. 2 |
| | , FI | L <u>.</u> | <u> </u> |
| (b) | | | 温兰 8 |
| (-, | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | |
| | C T Corporation System | | |
| | NEW Registered Office Address: | | |
| | 1200 South Pine Island Road | <u> </u> | |
| | Plantation, FI | 33324 | |
| ne cha gent v ras/wa ne arti | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | ws of the State of f the registered of iability company, of the limited liab i limited liability of | fice and the business office of the register it is hereby confirmed that the change(s) ility company or as otherwise provided in company. |
| 3 | ture of a member or authorized representative of a member | عاد ما عالما | Gr Wherhouse |
| | | | rinted or typed name of signæ capacity. I further agree to comply with the ny duties, and I am familiar with and accounts 605, F.S. Or, if this document is being file nat the limited liability company has been |

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