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(Requestor's Name)									
(Address)									
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SECRETARY OF STATE FALL AHASSEE, FLOPIDA

JUL 2 9 2016 S. YOUNG

COVER LETTER

Division of Corporations								
SUBJECT: EVERY CRITTER PET SITTER, LLC Name of Limited Liability Company								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
VESSICA MATTOX Name of Person								
EVERY (PITTER PET SITTER, LLC Firm/Company								
500 MAGUIRE PARK STREET 208 Address	16 JUN 28							
Dead EL 34761								
OCOSE FL 34761 City/State and Zip Code	PM 12:							
	03							
E-mail(address: (to be used for future annual report notification)	ယ							
E-mail(address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
JESSICA MATTOX at (407) 810-5569								
Name of Person Area Code & Daytime Telep	phone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
Tallahassee, Florida 32301								
Enclosed is a check for the following amount:								
\$25 Filing Fee & Certified Copy	y							

TALLAHASSEE, FLOPI

INHS18 (2/14)

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

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

1.	Na	me of the limited liability company: _ Every C	51+12	a Det Si	itter, L	-LC					
		<u> </u>			,						
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)							
		500 Maguire Park Street #20	X	PO BO	4 770	891					
		Deou FL 34761	_	Winter	Garden	FL	341)	·			
3.		Date of filing/registration in Florida	4.	Do	Document number						
5.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:							
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS								
		8530 Swawfie Drive					16 J	SELR			
		Orlando, FL	328	(18			JUN 28	SSVH.			
(b	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:									
		500 Magnise Park Strut =					PM 12: 03	STATE			
		Dio-ee ,FL	 34	۱ ه ۱							
the age was	cha nt w s/we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lawn.	the regis bility co the limi imited li	tered office an mpany, it is he ted liability co ability compar	d the busines reby confirm impany or as ny.	s office led that otherwi	of the regi the change ise provide	istered (s)			
-8	igpat	ure of a member or authorized representative of a member		JESS 1(A A	nted or typed na	ame of sig	gnee				
I h pro the to i	erel ovisi obli nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have I in writing of this change.	e to act	in this canacit	v I further i	agree to	comply w	ith the accept g filed een			