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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Regina's Pet Sitting Service (Name of L	imited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Regina Lange			
(Name of Person)			
Regina's Pet Sitting Service, LLC (Firm/Company)	<del></del>		
2490 Tremont Drive			
(Address)	<del></del>		
Eustis, Florida 32726			
(City/State and Zip Code)			
For further information concerning this matte	er, please call:		
Regina Lange	at ( 352) 508-4314		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the followin	g amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

## 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. The name of the li	imited liability cor	mpany is: Regina's Pet Si	itting Service, LLC	
2. The mailing addre	ess of the limited li	iability company is : 249	90 Tremont Drive, Eust	is, FL 32726
03/25/04			L04000023178	
3. Date of filing/registration in Florida		4.	4. Document number	
5. The name of the re Florida Departmen	gistered agent and it of State:	I the registered office ad	dress as shown on the	e records of the
	Regina Lan	ge		
		Name	<del></del> -	
	611 Mt Home			6
		Address	-	80 11AI
	Eustis, FL 3	2726 City, State and Zip		SECRETARY SECRETARY OB JAN 14
;		•	_	N SET
6. The name and addi	ress of the new reg	gistered agent and/or off	ice:	
	Regina Lanç	<b>де</b>		PH ST
	2400 Tanasa	Name		STATE PRATIONS 2: 22
	2490 Tremor			28 SNS
	Florida stre	et address (P.O. Box NO	) I acceptable)	
	Eustis,	FL 32726		<del></del>
•		City, State and Zip		
confirmed that after the and the business office liability company, it is	he change or change of the registered is hereby confirmed liability of the limite		a street address of the Or, in the case of a F s/were authorized by a	registered office Florida limited In affirmative vote
Regina Lange				
(Printed or typed name of si	gnee)			
I hereby accept the a comply with the provi and I am familiar with Chapter 608, F.S. Or address, I hereby con	ppointment as reg sions of all statute h and accept the o i, if this document firm that the limite	istered agent and agree is relative to the proper b bligations of my position is being filed to merely i ad liability company has	to act in this capacity and complete perform n as registered agent or reflect a change in the been notified in writi	e. I further agree to nance of my duties, as provided for in eregistered office ng of this change.
(Signature of Registered Age	ent)	····		

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