## L06000054346

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OB APR 24 PH 12: 51

## COVER LETTER ...

TO: Registration Section Division of Corporations		
SUBJECT: Land Olakes let Stting Services (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:		
Frankie Vikolich (Name of Person)		
1 and 6 Lakes let Sitting Services (Firm/Company)		
3044 Valencia Cove Cout		
Land O'Lukes, 72 34639 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (203) 610-2052 (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 following amount:		
\$25 Filing Fee \$\times\$ \$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 limited liability company is: Land O'(a)	Kes Pet Sitting Services, cue
2. The mailing address of the limited liability company is: 364	to Valencia Lave Ct.
- 7/19/07 L	06000 54346 ument number
5. The name of the registered agent and the registered office address Florida Department of State:    Comparison   Comparison	08 APR 24 PH 12: 51 TALLAHASSEE FLORIDA
Land O'Lake's, FL; BAGS City, State and Zip	
If the limited liability company is not organized under the laws of the confirmed that after the change or changes are made, the Florida stree and the business office of the registered agent will be identical. Or, in liability company, it is hereby confirmed that the change(s) was/were of the members of the limited liability company or as otherwise provor the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	at address of the registered office the case of a Florida limited authorized by an affirmative vote
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and agree to act comply with the provisions of all statutes relative to the proper and cand I am familiar with and accept the obligations of my position as re Chapter 608, F.S. Or, if this document is being filed to merely reflect address, I hereby confirm that the limited liability company has been (Signalure of Registered Agent)	in this capacity. I further agree to implete performance of my duties, gistered agent as provided for in a change in the registered office notified in writing of this change.

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

INHS18 (8/05)