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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JOHNNY PETCARE, (Name of	, LLC of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernir	ing this matter to the following:	
Sarah Gibson (Name of Person)	 TAS 0:	
Incorp Services, Inc. (Firm/Company)	7 SEP 24 ECRETAR) LLAHASSI	
3155 E. Patrick Lane, Ste.1	PM 12: 53	
Las Vegas, NV	89120	
(City/State and Zip Code) For further information concerning this ma	natter, please call:	
Sarah Gibson	at (702) 866-2500	
(Name of Person)	(Area Code & Daytime Telephone Num	ber)
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 follow	wing 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.

agent, or both, in the stat	e of Pioriua.							
1. The name of the limite	1. The name of the limited liability company is: JOHNNY PETCARE, LLC							
2. The mailing address of the limited liability company is:								
1023 N L STREET LAN	KE WORTH FL 3346	o US		•				
09/25/2006			L06000093809					
3. Date of filing/registrat	tion in Florida		4. Document numb	er				
5. The name of the registor Florida Department of	State:		•	the records of the				
	CORPORATION	Name	E COMPANY	·				
1201 HAYS STREET				O7 SEP 24 SECRETAR ALLAHASS				
Address								
TALLAHASSEE FL 32301 US				SEP 24 I				
	City	, State and Z	Lip					
6. The name and address of the new registered agent and/or office:				PH 12: 53 OF STATE				
	Incorp Services,	Inc		ORIGINATION STATEMENT OF THE STATEMENT O				
	moorp corridos;	Name		Ο.η ω >				
	17888 67th Court			ð				
	Florida street addre	ss (P.O. Box	NOT acceptable)	े होते ः				
	Loxahatchee,	FL 347	70	•				
	City,	State and Zi	p					
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement.	change or changes are f the registered agent vereby confirmed that the	made, the Fl will be identi ne change(s)	orida street address o cal. Or, in the case o was/were authorized	f the registered office of a Florida limited by an affirmative vote				
(Signature of a member or autho	rized representative of a men	iber)	-					
Alexandros Tiligadas (Printed or typed name of signed			-					
I hereby accept the apper comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	ointment as registered ns of all statutes relati nd accept the obligation this document is being that the limited liabi	agent and as ive to the pro ons of my pos of filed to men lity company	gree to act in this cap oper and complete per sition as registered as rely reflect a change in has been notified in	acity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.				
(Signature of Kegistered Agent)		/s	,					

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

INHS18 (8/05)