

10700032342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

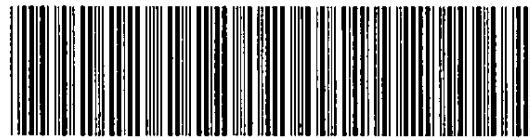
(Business Entity Name)

(Document Number)

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SECRETARIAL STATE  
TALLAHASSEE, FLORIDA

SCOTT  
JUN 22 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rivers Edge Pet Resort LLC  
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:

Karen Spinelli  
Name of Person

Rivers Edge Pet Resort LLC  
Firm/Company

12580 N. US Highway 301  
Address

Thonotosassa

Thonotosassa FL 33592  
City/State and Zip Code

RiversedgePETResort@aol.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Spinelli at (919) 830 6237  
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 following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

17 JUN 21 PM 3:12  
TALLAHASSEE, FLORIDA  
FILED

## 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. Name of the limited liability company:	<u>Rivers Edge Pet Resort LLC</u>		
2. (a) Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>		
<u>12580 N. US Hwy 301</u> <u>Thonotosassa FL 33592</u>	<u>12580 N US Hwy 301</u> <u>Thonotosassa FL 33592</u>		
3. Date of filing/registration in Florida	4. Document number		
<u>11/31/2008</u>	<u>LO7000032342</u>		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	<u>12580 N US Hwy 301 Thonotosassa FL 33592</u>		
Registered Office Address	<i>(MUST BE FLORIDA STREET ADDRESS)</i>		
<u>12580 N US Hwy 301</u> <u>Thonotosassa FL 33592</u>			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	<u>Karen Spinelli</u>		
NEW Registered Office Address:	<u>12580 N US Hwy 301</u> <u>Thonotosassa FL 33592</u>		
<u>Thonotosassa FL 33592</u>			

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TALLAHASSEE, FLORIDA  
CLERK'S OFFICE

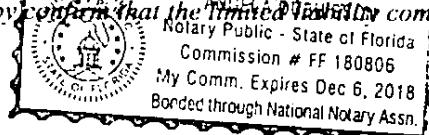
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jane K  
Signature of a member or authorized representative of a member

Jane Myers  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. This document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

R. Spinelli  
Signature of Registered Agent



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