## L08000046134

(Requestor's Name)							
(Address)							
(Address)							
Phone #)							
IT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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SECRETARY OF STATE
TALLAHASSEE, FLORING

B. BOSTICK
JUN 1 3 2011
EXAMINER

## **COVER LETTER**

то:	Registration Section Division of Corporations							
SUBJECT: Coastal Pet Services, LLC  Name of Limited Liability Company								
Dear	Sir or Madam:							
The e	enclosed Registered Agent/Registered	Office (	Chang	ge and	fee(s) are subm	itted for filing.		
Pleas	se return all correspondence concerning	g this m	atter	to the	following:			
	Terri M. Rodish							
	Name of Person							
	Coastal Pet Services, LLC Firm/Company	<u> </u>		· <del>- ·- ·</del>				
;	P O Box 1155			···		1.1		
	Address  Ponte Vedra, FL 32004-11	55				SEURE I	11 JUN	•
	City/State and Zip Code	<u> </u>					JUH 10 PH 2:2	14 10 10 10 10 10 10 10 10 10 10 10 10 10
terri@coastalpetservices.com E-mail address: (to be used for future annual report notification)						E FLORID	   2:2	4
For f	urther information concerning this mat	tter, plea	ase ca	all:		A		
<del></del>	Terri M Rodish Name of Person	at (_	904		631- Code & Daytime Tele	-7078 ephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	·	R D P	egistra ivision .O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 3231	4		
	Enclosed is a check for the following	ing amo	ount:					
	\$25 Filing Fee			<b>\$</b> 55 Fi	ling Fee & Certi	fied 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. Name of the limited liability company:	Coastal Pet Services, LLC			
2. (a) Principal office address of limited liability compa	4000			
(Note: MUST BE STREET ADDRESS)	Ponte Vedra, FL 32081			
	•			
(b) Mailing address of limited liability company:	P O Box 1155			
(Note: MAY BE POST OFFICE BOX)	Ponte Vedra Beach, FL 32004-1155			
05/07/2008	L08000046134			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept.				
Registered Agent:	Terri M Rodish			
Registered Office Address:	1113 Ravenscroft Lane			
	Ponte Vedra, FL 32081			
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	EW Registered Office address:			
NEW Registered Agent:	(same)			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1229 Locksley Lane			
MUSI BE FLORIDA STREET ADDRESS	Ponte Vedra ,FL 32081			
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 vot 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.  Signature of a member or authorized representative of a member  Terri M. Rodish				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to in address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, so sition as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.			

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