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TALLAHASSEE, FLORIDA

MAY 1 3 2016

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COVER LETTER

Division of Corporations							
SUBJECT: RAINFOREST PET STORE, 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:							
Dustyn Thumpson Name of Person							
Painforest Pat Store LLC. Firm/Company							
8936 Century Daks Cir							
Malabar FL 32960 City/State and Zip Code							
E-mall address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Dustyn Thompson at (321) 499-7964 Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft 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 & Certified Copy							

INHS18 (2/14)

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.

1 101 144.						
1. Nar	ne of the limited liability company: Rainforest	Pet	Store.	LLC		
2. (a) 4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Century ailing address of lin (Note: MAY BE	mited liability co	ompany:
	Meinourne FL 32934	-	Mala	bar Fl	<i>38</i> 960	
3.	(a 18 20 10 Date of filing/registration in Florida	4.		<u> ೨೦೦೦ ೬ 5 ೧</u> Document numl	•	
	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:			
(b) _	Registered Office Address MUST BE FLORIDA STREET AND ASSESSIVE ASSESSIVE AND ASSESSIVE AND ASSESSIVE AND ASSESSIVE	Blu 3393			16 MAY I I AM II: 03 SCORE FARY OF STATE FALLAHASSEE, FLORIDA	
	Melbourne P1 32934					
the char agent w was/we	mited liability company is not organized under the law- inge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	the regist bility con the limi	tered office mpany, it is ted liability	and the busines hereby confirm company or as	ss office of the country of the coun	ne registered hange(s)
Signati	ure of a member or authorized representative of a member		フ で	D'Brue Printed or typed n	Ane of signee	
I hereb provision the oblit to mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I ha in writing of this change.	ee to act performa for in C ereby co	in this cana	city I further o	geree to com	ply with the n and accept being filed has been

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