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SECRETARY OF STATE
ANALYSEF, FLORID

J. BRYAN

MAY 1 0 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJECT:		TheCattitude LLC	
	Name o	e of Limited Liability Company	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered	red Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concernit	ming this matter to the following:	
	Leesa Mulligan		
	Name of Person		
	TheCattitude LLC		•
	Firm/Company	LECR ?	FILEU 3:28
		HA	7 =
	3436 West 84 Street, Bay	ay 110 SAR	ا م
	Address	EE	골 !
		To	ري 💆
	Hialeah, FL 33018	SE S	2
-	City/State and Zip Code	<u></u>	₽¢0
	•	·	
E	leesa@thecattitude.com	om eport notification)	
For fi	urther information concerning this ma	matter, please call:	
	Leesa Mulligan	at (305) 772-0422	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	•
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the follow	owing 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.

3				
Name of the limited liability company:	TheCattitude LLC			
2. (a) Principal office address of limited liability compar	ny: 3436 West 84 Street, Bay 110			
(Note: MUST BE STREET ADDRESS)	Hialeah, FL 33018			
(b) Mailing address of limited liability company:	3436 West 84 Street, Bay 110			
(Note: MAY BE POST OFFICE BOX)	Hialeah, FL 33018			
August 11, 2010	L0000085227			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:			
Registered Agent:	Leesa Mulligan			
Registered Office Address:	950 South Pine Island Road Suite A-150			
	Plantation, FL 33324			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Leesa Mulligan				
NEW Registered Agent:	Loosa Wangan			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3436 West 84 Street Bay 110			
(MICOL DE LEGISMAN SAMELINE MEDICALIS)	Hialeah ,FL33018			
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.				
Signature of a member or authorized representative of a member				
Lessa Mulligan				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my package of the colligations of my package of the colligations of the company of the compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.			

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

Signature of Registered Agent