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SECRETARY OF STAFE

## **COVER LETTER**

	Registration Section Division of Corporations						
SUBJEC	Perfect Pets, LLC						
Name of Limited Liability Company							
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please ret	turn all correspondence concerning th	is matter to the following:					
Keathel	l Chauncey, Esq.						
	Name of Person	<del> </del>					
Fresh L	egal Perspective, PL						
	Firm/Company						
6930 W	/. Linebaugh Avenue						
	Address						
Tampa,	, FL 33625						
•	City/State and Zip Code						
Contact	t@BLTFL.com						
E-m	nail address: (to be used for future and	nual report notification)					
For further	er information concerning this matter	please call:					
Keathel	Chauncey, Esq.	813 448-1042					
-	Name of Person	Area Code & Daytime Telephone Number					
R C C 2	Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
E	Enclosed is a check for the following amount:						
Q.	3 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (2	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.

	ame of the limited liability company: Perfect Pets 2305 W. Linebaugh Avenue	<u></u> _	(b) 2305 W. Linebaugh Avenue		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) <u>2303 v</u>	Mailing address of limited liabilit (Note: MAY BE POST OFFICE	
	Tampa, FL 33612		Tampa	a, FL 33612	
	09/07/2011		L110001	102423	
3.	Date of filing/registration in Florida	<b>—</b> 4.		Document number	
5. (a)	Fresh Legal Perspective, PL				
()	Registered Agent and Registered Office shown on the records o	f the Flo	ida Dept. of Sta	ate:	
	3802 Ehrlich Road				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	(SS)	— ————————————————————————————————————	
	Suite 308				17
	Tampa	, 3362	4		<b>=</b>
(b) '	FroshLegal Passpect	, x6	PL	TARY OH ASSEEL ASSEEL	n j
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	<u>áddress</u> :		
	6930 W. Linebaugh Avenue				
	NEW Registered Office Address:			_	
	Tampa	3362	5	_	
	,			<del></del>	
he cha agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members eles of organization or the operating agreement of the	f the re iability of the l	gistered offic company, it imited liabili	ce and the business office of is hereby confirmed that the ity company or as otherwise	the registered change(s)
1	all the		eathel Cha	• •	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
I hereb provision the obli to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to e e perfor ed for it hereby	act in this cap mance of my a Chapter 60 confirm that	pacity. I further agree to colvide the colvide of the color of the col	nply with th ith and acce is being file y has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent