

L12000041498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

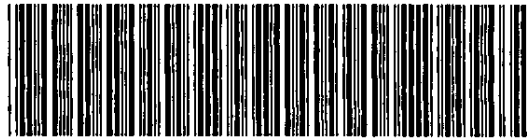
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600247176586

04/25/13--01020--009 **25.00

FILED
13 APR 25 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 29 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Karma K9, 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:

Katharina Sturtecky

Name of Person

Karma K9, LLC

Firm/Company

9589 Beauclerc Cove Rd

Address

Jacksonville, FL 32257

City/State and Zip Code

kat@karma-k9.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katharina Sturtecky at (312) 402-1298
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

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: Karma K9, LLC

2. (a) Principal office address of limited liability company: 9589 Beauclerc Cove Rd
Jacksonville, FL 32257
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: same as above
(Note: MAY BE POST OFFICE BOX)

03/26/2012

3. Date of filing/registration in Florida

L12000041498

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: United States Corp. Agents, Inc.

Registered Office Address: 13302 Winding Oak Court
Suite A
Tampa, FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Agent: Katharina Sturtecky

NEW Registered Office Address: 9589 Beauclerc Cove Rd
(MUST BE FLORIDA STREET ADDRESS) Jacksonville, FL 32257

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.

K. Sturtecky
Signature of a member or authorized representative of a member

Katharina Sturtecky
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 608, F.S. Or, if 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.

K. Sturtecky
Signature of Registered Agent

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

FILED
13 APR 26 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA