## L1200053716

(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:		





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FEB 23 2018



January 24, 2018

KELLY ISON 6126 TURNBURY PARK DR, APT 10205 SARASOTA, FL 34243 US

SUBJECT: EINSTEIN PETS LLC Ref. Number: L12000053716

We have received your document for EINSTEIN PETS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 618A00001503

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## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: EINSTEIN PETS LLC  Name of Limited Liability Company			
Name of Emined Diabinty 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:			
KELLY ISON Name of Person			
EINSTEIN PETS LLC Firm/Company			
6126 TURABURY PARK DR # 10205 Address			
SARASOTA FLORIDA 34243			
City/State and Zip Code			
Kelly Weinsteinpets.Com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Kelly 150N at 941 526-9798			
Name of Person Area Code & Daytime Telephone Numb	er		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 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.

rioritad.	. 0-1/10
1. Name of the limited liability company: EINSFEI	o PEX LLC
2. (a) 4539 NORTH GATE DT  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 6/26 TUMBURY PK DR Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
SARASDIA FLORIDA	UNIT 10205
34234	SALASOTA FL 34243
4/19/2012	L12000053716
3. Date of filing/registration in Florida	4. Document number
5. (a) HELD BRIGHT - THE T.  Registered Agent and Registered Office shown on the records of the	<u> 名火                                   </u>
52118 66THSTN. 5	T6 A
Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS) F A SE
ST. PETERSBURG	
, FL	33709 × 22 E
(b) KELLY ISON	<b>2</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:
6126 TURNBURY PK DE	2
NEW Registered Office Address:	
UN17 10203	
SARASOTA ,FL	34243
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liability	he registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in imited liability company.
Signature of a) repriser or authorized representative of a member	RELLY ISON Printed or typed name of signee
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change.	e to act in this capacity. I further goree to comply with the
Signature of Registered Agent	
	(225 T. H.) El 22214
/ Invision of Cornerations PD Re	ny 6327a Tallahassee El 32314