

43000014133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

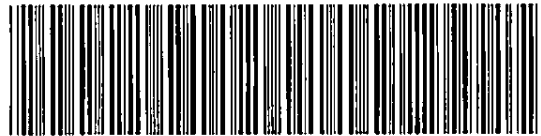
(Business Entity, Name)

(Document Number)

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TALLAHASSEE, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

BF

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WAG WATCHERS 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:

CHARLES BABINS  
Name of Person

WAG WATCHERS  
Firm/Company

2200 Kings Hwy  
Address

3L Suite 48  
PORT CHARLOTTE FL 33980  
City/State and Zip Code

INFO @ WAGWATCHERS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES BABINS at ( 941 ) 661-0069  
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 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. Name of the limited liability company: WAG WATCHERS LLC
2. (a) 2200 KINGS HWY (b) 2200 KINGS HWY  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 3L Suite 48 3L Suite 48  
PORT CHARLOTTE, FL 33980 PORT CHARLOTTE, FL 33980
3. 11/25/13 4. L13000014133  
Date of filing/registration in Florida Document number
5. (a) MICHAEL BABINS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2200 KINGS HWY  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3L Suite 48  
PORT CHARLOTTE, FL 33980
- (b) CHARLES BABINS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
2200 KINGS HWY  
NEW Registered Office Address:  
3L Suite 48  
PORT CHARLOTTE, FL 33980

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

Charles Babins  
Signature of a member or authorized representative of a member

CHARLES BABINS  
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 605, 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.

Charles Babins  
Signature of Registered Agent