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(Requestor's Name) (Address) (Address)	100297356921			
(City/State/Zip/Phone #)	04/12/1701009016 **25.00			
(Document Number) Certified Copies Certificates of Status	FILED 2011 APR 12 A D: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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n BRUCE APR 13 2017 ;

#### TO: Registration Section Division of Corporations

# ROYAL PETS MARKET & RESORT PINELLAS LLC SUBJECT:

Name of Limited Liability Company

COVER LETTER

Dear Sir or Madam:

ε.

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

### ANTONIO REGOJO

Name of Person

**REGOJO LAW, PA** 

Firm/Company

#### 12550 BISCAYNE BLVD STE 110

Address

MIAMI, FL 33181

City/State and Zip Code

#### AREGOJO@REGOJOLAW.COM

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

For further information concerning this matter, please call:

BROOKE MORLEY	727 692-8004				
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 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following	g amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

NU APR 12 A 10:09

INHS18 (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.

I. N	Name of the limited liability company: ROYAL PETS MARKET & RESORT PINELLAS LLC							
2. (a)	BOYAL PETS MARKET & RESORT PINEL	A	(b) RO	YAL PETS N	ARKET &	B RE	SORT HOLI	
- (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	33550 US HWY 19 N	-	335	50 US HWY	19 N		<u></u>	
	PALM HARBOR, FL 34684	<b></b>	PA	LM HARBOR	IARBOR, FL 34684			
	07/14/2014		L130	00021493				
3.	Date of filing/registration in Florida	- 4.		Documei	nt number			
5. (a	WOLIN-GORE, DENISE							
(	Registered Agent and Registered Office shown on the records of	the Flor	ida Depi.	of State:				
	MGR				TAL	2017		
	Repistered Office Address (MUST BE FLORIDA STREET	1 <i>DDRE</i>	-551		LA		-	
	33550 US HWY 19 N		_		HE	APA		
	PALM HARBOR	3468	4		SET C			
(b)	REGOJO, ANTONIO				E TARY OF STAT	₽ Ö	0	
	Enter mane of NEW Registered Agent and/or NEW Registered Office address:				ADA ADA	09		
	REGOJO LAW, PA	_			-			
	NEW Registered Office Address:							
	12550 BISCAYNE BLVD STE 110							
	MIAMI, FL	3318	1					
the ch agent was'w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lin ere authorized by an affirmative vote of the members of licles of organization or the operating agreement of the	the re ability of the 1 limite	gistered compan imited li d liabilit	office and the t y, it is hereby c ability company	onfirmed the onfirmed the	ice of ist the	the registered change(s)	
Sim	uture of a member of multivrized representative of a member	_			Printed or typed name of signee			
-	by accept the appointment as registered ugent and agr	ee to c	ct in thi			•		

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 mercly reflect a chapte in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this chapte.

Signature of Registered Agent

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