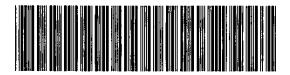
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Pet Market Clearwater, 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:

Matthew L. DeVicchio

Name of Person

Matthew L. DeVicchio Co., L.P.A.

Firm/Company

3855 Starr's Centre Dr., Suite 2

Address

Canfield, Ohio 44406

City/State and Zip Code

mldevicchio@aol.com

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

For further information concerning this matter, please call:

Matt DeVicchio, Esq.

,,,330

533-3715

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.	Nar	me of the limited liability company: Quality Pet Market Clean	vater, LLC		
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	2539 Countryside Blvd., Suite 1 Clearwater, Flonda 33761		
,	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3835 Edinburgh Drive Austintown, Ohio 44515		
	7/201		L13000083055		
3.	Dat	e of filing/registration in Florida	. Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Agent:	Michael Nistazos		费
		Registered Office Address:	2535 Countryside Blvd., Suite 1 Clearwater, Flonda 33761		<u></u>
					-,6
ı	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office ac	idress:	٠ ن
		NEW Registered Agent:			
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2539 Countryside Blvd., Suite 1 Clearwater, Flonda 33761 Clearwater	,	FL_33761
and liab the the	firr the oilit me ope	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company. **The Company of a member o	orida street address of total. Or, in the case of a	the regist a Florida	tered office a limited
Prin	ited (L. DeVicchio or typed name of signee			
I h con and Che add	ere uply 11 d apte ires	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the proming familiar with and accept the obligations of my poser 508, F.S. Or, if this document is being filed to mer is, I hereby confirm that the limited liability company	ree to act in this capac per and complete perfo ition as registered age ely reflect a change in has been notified in w	city. I fundament ormance ont as pro- the reginations of	orther agree to of my duties, ovided for in stered office this change.
Sign	natur	re of Registered Agent			

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