

213000090146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

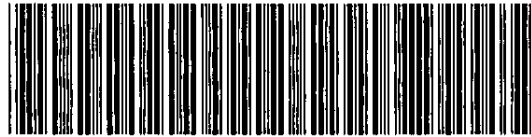
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NOV 22 2013

A. LUNT

Office Use Only



500253853085

11/18/13--01015--003 \*\*25.00

CLERK OF COURT  
TALLAHASSEE, FL 32301

2013 NOV 18 PM 17

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Affordable Natures Pet Loss, 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:

Joyce Moreau

Name of Person

Affordable Natures Pet Loss

Firm/Company

646 W. Jefferson Street

Address

Brooksville, FL 34601

City/State and Zip Code

joyce@naturespetloss.com

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

For further information concerning this matter, please call:

Joyce Moreau at ( 855 ) 692-0009

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

FILED  
2013 NOV 18 PM 1:17  
TALLAHASSEE, FLORIDA

**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: Affordable Natures Pet Loss, LLC

2. (a) Principal office address of limited liability company: 646 W. Jefferson Street  
**(Note: MUST BE STREET ADDRESS)** Brooksville, FL 34601

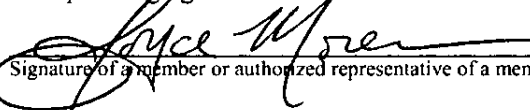
(b) Mailing address of limited liability company: same as above  
**(Note: MAY BE POST OFFICE BOX)**

? 6/19/2013  
3. Date of filing/registration in Florida  
4. Document number L13000090146

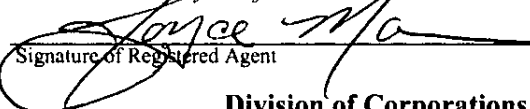
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
Registered Agent: Joyce Moreau  
Registered Office Address: 7217 Crested orchid Drive  
Brooksville, FL 34601

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** \_\_\_\_\_  
**NEW Registered Office Address:** 646 W. Jefferson Street  
**(MUST BE FLORIDA STREET ADDRESS)** Brooksville, FL 34601

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.

  
Signature of a member or authorized representative of a member  
Joyce Moreau  
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.

  
Signature of Registered Agent

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