LI4 0000062619

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(UC	ocument Number)	
Certified Copies Certificates of Status		
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COVER LETTER

D: Registration Section Division of Corporations	
UBJECT: SOGGY DOGGY Name of Lin	LLC-
Name of Em	med Entonity Company
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
TERRIANNE WEBEK Name of Person	
SOGGY DOGGY, LLC Firm/Company	
6975 AIA SOUTH ST	TE 10
ST AUGUSTINE, FL 320 City/State and Zip Code	280_
Soggydoggy petwash (a E-mail address: (to be used for future annual repor	ao/ . com i notification)
For further information concerning this matter, please co	all:
TERRIANNE NEREX at (904) 471 - 0364 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company bmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company: SOGGY DOGG	·
. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	†000062619 Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5/22 A/A South Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
(b)	ST AUGUSTIVE FL 37.080 Enter name of NEW Registered Agent and/or NEW Registered Office address:	- - - - -
	6975 AIA SOUTH STE 10 NEW Registered Office Address:	<u>ँ</u> -
	ST AUGUSTINE ,FL 32080	-
change agent w was/we	imited liability company is not organized under the laws of the State of Floron changes are made, the Florida street address of the registered office an will be identical. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability con	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Signat	Paragra Welser TERN ure of a member or authorized representative of a member	Printed or typed name of signee
I herel provision the oblit to mere	by accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 605 By reflect a change in the registered office address, I hereby confirm that I in writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent