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Division of Corporations

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: (850)617-6383

· From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

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LLC REGISTERED AGENT CHANGE THE CANINE PROFESSOR LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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. Na	ame of the limited liability company: THE CAN	NINE PROF	ESSOR LLC				
9 (A)	3337 16TH ST. N.	_{въ} 3337 1	16TH ST. N.				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)					
	ST. PETERSBURG, FL 33704	ST. PE	TERSBURG, FL	33704			
	04/21/2014	L140000	064363				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	UNITED STATES CORPORATION AGENTS	S. INC.					
(11)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State	12				
	13302 WINDING OAK COURT						
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)					
	Α	ik _ 6					
		33612		22			
(b)	Registered Agents Inc.		A TIME	3			
ν-,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	28.5 28.5	o 1			
	3030 N. Rocky Point Dr.		Man Table				
	NEW Registered Office Address:		95	ب			
	STE 150A		<u> चिता</u>				
	Tampa ,FL	33607					
the cha agent was/we the arti	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State of Flo the registered office ability company, it is of the limited liability	e and the business offic s hereby confirmed that v company or as otherw	e of the registered t the change(s)			
	nure of a member or authorized representative of a member		Printed or typed name of s				
I here provision the obline merities notified	by accept the appointment as registered agent and aginions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It discovering of this change. Bill Havre - Assistan	ree to act in this cape performance of my a d for in Chapter 605 hereby confirm that i	acity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	o comply with the 2r with and accept nent is being filed npany has been			
Signatu	ire of Registered Agent	•					