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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations				
SUBJECT: Dog i Fo LLC Name of Limited Liability Company				
Name	e of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
DIVAR CARMONA				
Name of Person				
Carmona Law Firm/Company				
7457 Alona Ave	, Ste 201			
Address				
Winter Park FL	32792			
City/State and Zip Code				
Sales & dogifo.com				
E-mail address: (to be used for future annu	ial report notification)			
For further information concerning this matter,	please call:			
Jurse Asch	at (321) 430 6455			
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			

STÀTEMENT 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

Floride	u.		
1. Na	ame of the limited liability company:Dog; Fo	LLC	
2. (a)	501 Florida Central PKWy	(b)	501 Florida Central PKwg
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	unit 570671		1 510671
	Longwood FL : 2752		Longwood FL 37+12
	7/16/2014		L14000112798
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Torres, Ann		
J. (a)	Registered Agent and Registered Office shown on the records of th	ne Florida Dep	ot, of State:
	501 Florida Central PK	~v~j	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>. </u>	
	7 220 6 11		
	longwood ,FL	3547	
	,		DIRANG 28 PR
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	iffice address	
	Partition in the state of the s	onite address	SSO 3 III
	7457 Aloma Auz, St	c 201	
	NEW Registered Office Address:		
			· ···
	Winter Park FI	ت ر نتر - ا	G 7
	Winter year .FL	377	<u> </u>
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the light	the registere bility comp the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.
	Mes-		Jorse Arch
-	ture of amember of authorized representative of a member	_	Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	ee to act in operformanco for in Chaj ereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatu	re of Registered Agent		
	Division of Corporations P.O. B	ox 6327 • T	Tallahassee, FL 32314

FILING FEE: \$25.00