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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Suther numpor	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Relocco Comming S Name of Person	
Southern Import K9 Firm/Company	LLC
8221 Sw for Brown rd Address	<u> </u>
Indiantown fl 349 City/State and Zip Code	156
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Rocca Cumming at (772) 288 - 2450 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	nt:
32 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT 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.

rioriuu.
1. Name of the limited liability company: Southern Import K9 LLC
2. (a) 8221 Sw for Rown 10 (b) 8221 Sw for Brown 10 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Indiantaun Fl 34956 Indiantown Fl 34956
04/06/2015
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Indiantown fl 3496
FL 34956
76
(b) Kibocca Comming 5
Enter name of NEW Registered Agent and/or NEW Registered Office address:
8221 Sw fox Brann scl
NEW Registered Office Address:
元 - Table 1 -
Indiantown FL 34956
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 of the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member 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 605, F.S. Or, if this document is being filed to merely reflect of 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 FFE: \$25.00

FILING FEE: \$25.00

INHS18 (2/14)