## US0000 78757

(Requestor's Name)						
(Ad	dress)					
(Address)						
(Cit	y/State/Zip/Phone	e #)				
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PICK-UP	☐ WAIT	MAIL				
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(Bu	siness Entity Nar	me)				
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
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Special Instructions to	Filing Officer:					
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SECRETARY OF STATE

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## COVER LETTER

Division of Corporations		
SUBJECT: LEASHES AND LITTERBO	OXES, LLC	
	me of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	his matter to the following:	
ELIZABETH KELLEY		
Name of Person		
Firm/Company		
1128 BERKLEY DRIVE		
Address	TAL	5
SMYRNA, GA 30082	ILLAHASSEE, FLORIDA  Inual report notification)	A T
City/State and Zip Code		등 -2
KELLEY1128@CHARTER.NET	E. FL	<b>圣</b> [
E-mail address: (to be used for future ann	nual report notification)	<u>ယ</u> ှ
For further information concerning this matter,	r, please call:	<u></u>
ELIZABETH KELLEY	404 862-8773	
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	g amount:	
\$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.

1. N	ame of the limited liability company: LEASHES A	AND LIT	TERBOX	ES, LLC	
2. (a)			b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi (Note: MAY BE PO	
	1360 Sweetwater Cove,	#203	1128 B	ERKLEY DRIVE	
	Naples, FL 34110		SMYRN	NA, GA 30082	<del></del>
	4/29/15		L150000	78757	
3.	Date of filing/registration in Florida	4.		Document numbe	r
5. (a)					
()	Registered Agent and Registered Office shown on the records of	of the Florid	da Dept. of Sta	nte:	
	PHYLIS COGAN				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>(S)</u>	<del></del>	
	830-13 A1A NORTH #210				
	PONTE VEDRA BEACH	32082	2	_	TALC SEC
				<del></del>	部島工
(b)					-2 ASSER
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	ddress:		
	•				متعلقة ومي لمسلب
	NEW Registered Office Address:			_	ORE: 2
	1360 SWEETWATER COVE, #203				<b>&gt;</b> -
				_	
	NAPLES	<sub>FL</sub> 34110	)		
If the i	limited liability company is not organized under the l			— Torida, it is hereby o	confirmed that after
the cha	ange or changes are made, the Florida street address	of the reg	istered office	ce and the business	office of the registered
was/w	will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members	s of the lin	mited liabili	ity company or as of	
the art	icles of organization or the operating agreement of the	ne limited	liability co	mpany.	•
<u>C:</u>	Shill Alle	EL	IZABETH	KELLEY	
	ature of a member or authorized representative of a member		-4 * 41-*	Printed or typed nam	
I nere provis the ob to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provic ely reflect a change in the registered office address, a in writing of this change.	igree to acte perform ded for in I hereby	ct in this ca nance of my Chapter 60 confirm tha	pacity. I further ag duties, and I am fa )5, F.S. Or, if this d t the limited liability	ree to comply with the miliar with and accept locument is being filed y company has been
	Jefo Davis				
Signati	are of Registered Agent				