

L15 000090019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2018

KATIE OBRINGER
734 OAK SHADOWS RD
CELEBRATION, FL 34747

SUBJECT: FOR PAWS AND NOSES, LLC
Ref. Number: L15000090019

2018 OCT 31 AM 11:20

We have received your document for FOR PAWS AND NOSES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 918A00020209

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: For Paws and Noses, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katie Obringer

Name of Person

For Paws and Noses, LLC

Firm/Company

734 Oak Shadows Rd

Address

Celebration, FL 34747

City/State and Zip Code

katie@forpawsandnoses.com

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Katie Obringer

727-403-0790

Name of Person

at (_____) _____

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

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**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. Name of the limited liability company: For Paws and Noses, LLC

2. (a) For Paws and Noses, LLC (b) For Paws and Noses, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

734 Oak Shadows Rd

Celebration, FL 34747

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

734 Oak Shadows Rd

Celebration, FL 34747

5/21/2015

L15000090019

3. Date of filing/registration in Florida

4. Document number

5. (a) Katie Obringer

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1428 Bartow Dr, Apt 102s

Celebration, FL 34747

(b) Katie Obringer

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

734 Oak Shadows Rd

Celebration, FL 34747

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 or the operating agreement of the limited liability company.

Katie Obringer
Signature of a member or authorized representative of a member

Katie Obringer
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 merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Katie Obringer
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00