

LIS 000090019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

08/24/18--01017--025    \$25.00

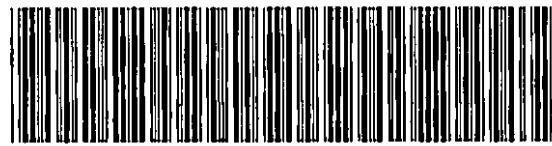
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2018

2018 OCT 31 AM 11:20

KATIE OBRINGER  
734 OAK SHADOWS RD  
CELEBRATION, FL 34747

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

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.

10/31/18 11:55  
FILED

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

*Maryann*

**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**

Name of Person

**727-403-0790**

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

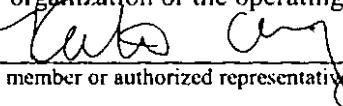
\$55 Filing Fee & Certified Copy

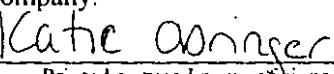
# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

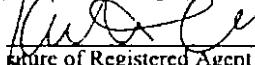
1. Name of the limited liability company:	For Paws and Noses, LLC	
2. (a) For Paws and Noses, LLC	Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) For Paws and Noses, LLC
	734 Oak Shadows Rd	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
	Celebration, FL 34747	734 Oak Shadows Rd
		Celebration, FL 34747
3. Date of filing/registration in Florida	5/21/2015	
4. Document number	L15000090019	
5. (a) Katie Obringer	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>	
	1428 Bartow Dr, Apt 102s	
	Celebration, FL 34747	
(b) Katie Obringer	Enter name of <u>NEW</u> Registered Agent and/or <u>NEW</u> Registered Office address:	
	<u>NEW</u> Registered Office Address:	
	734 Oak Shadows Rd	
	Celebration, FL 34747	

I, the limited liability company, am 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.

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

  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00