(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	HORNE ? 2025
	1,012,40	

Office Use Only



200441835392



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 01/06/25 Order #: 1756523-1

Re: PETSTORE.DIRECT LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0- FL State Account Number: I2000000019

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations						
Petstore.Direct LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Rebecca T. Sandfrey						
Name of Person						
K&L Gates LLP						
Firm/Company						
501 Commerce Street, Suite 1500						
Address						
Nashville, TN 37203						
City/State and Zip Code						
Rebecca.Sandfrey@klgates.com						
E-mail address: (to be used for future annual repor	t notification)					
For further information concerning this matter, please ca	all:					
Rebecca T. Sandfrey 61						
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following 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.

(47)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	(poice stost be street auggress)		1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1500 N Florida Mango Road, Suite 16		1500 N Flo	orida Mango Road, Suite 16
	West Palm Beach, FL 33409		West Palm	Beach, FL 33409
	04/18/2016		1_16000077	584
	Date of filing/registration in Florida	4.		Document number
	Registered Agent and Registered Office shown on the records of Elena Volnova Registered Office Address			:: -
	1500 N Florida Mango Road, Suite 16			
	West Palm Beach	L 33409		C#50
(b)	Enter name of NEW Registered Agent and/or NEW Register			FILED 1025 JAH - 6 FILE: 43
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office :	iddress:	
	Corporation Service Company			
	NEW Registered Office Address:			-
	1201 Hays Street			-
	Tallahassee I	32301		
ange ent v	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members	aws of th te registe liability o	e State of Flo red office and company, it is mited liability	orida, it is hereby confirmed that after I the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided i

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

Printed or typed name of signee

Shauna Godbolt----

Signative 819 member or authorized representative of a member