

L16000:184389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

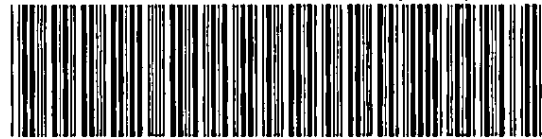
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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Nov. ~~Oct~~ 02 2017

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: A TAIL OF TWO LLC  
Name of Corporation

DOCUMENT NUMBER: L16000184389

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMMA FISCHER  
Name of Contact Person

A TAIL OF TWO LLC DOING BUSINESS AS PAWFECTION RANCH  
Firm/Company

LOT 128 8975 W. HALLS RIVER ROAD  
Address

HOMOSASSA, FLORIDA, 34448  
City/State and Zip Code

ecfischer@hotmail.co.uk  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMMA FISCHER at (352) 628 2828  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2017

EMMA FISCHER  
A TAIL OF TWO LLC  
LOT 128, 8975 W. HALLS RIVER ROAD  
HOMOSASSA, FL 34448

SUBJECT: A TAIL OF TWO, LLC  
Ref. Number: L16000184389

We have received your document for A TAIL OF TWO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You completed the form for a corporation not an LLC.

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 017A00016581

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: A TAIL OF TWO LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

7280 S. SUNNYVIEW POINT → SAME  
HOMOSASSA, FL.  
34446

3. Date of filing/registration in Florida 2016 4. Document number L16000184389

5. (a) EMMA FISCHER  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7280 S. SUNNYVIEW POINT  
HOMOSASSA, FL. 34446

(b) EMMA FISCHER  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

LOT 128, 8975 W. HALLS RIVER RD.  
HOMOSASSA, FL. 34448  
FL.

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.

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

[Signature]  
Signature of Registered Agent

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