| . (| Florida Department of State |
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| | Electronic Filing Cover Sheet |
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| | below) on the top and bottom of all pages of the document. |

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| To: | Division of Corporations Fax Number : (850)617-6383 | | | | | |
|---|--|---------|--|--|--|--|
| From: | Account Name : REGISTERED AGENTS I Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 | NC. | | | | |
| **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: ELLC REGISTERED AGENT CHANGE CANINE ACCRESSION CONSULTING LLC | | | | | | |
| LLC REGISTERED AGENT CHANGE | | | | | | |
| | Certificate of Status | 0 | | | | |
| | Certified Copy | 0 | | | | |
| J.T. | Page Count | 02 | | | | |
| 2022 JUL 14 | Estimated Charge | \$25.00 | | | | |

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| Electronic | Filing | Menu |

Corporate Filing Menu

Help T. LEMIEUX JUL 15 2022

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.

| | Canine | Aaares | sion Consulting LLC | | |
|------------------------------------|---|---|--|--|--|
| | | | <u> </u> | | |
| 2. (a) | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | (b) _ | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) | | |
| | | | | | |
| | 12/19/16 | L | 16000228845 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| 5. (a | Registered Agents Inc. | | | | |
| 5. (u | Registered Agent and Registered Office shown on the records | of the Florida D | epi, of State: | | |
| | 5237 SUMMERLIN COMMONS | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | SUITE 400 | | | | |
| | FORT MYERS | _{FL} 33907 | | | |
| (b) | Registered Agents Inc. | | 2022 FALL | | |
| (,,) | Enter name of NEW Registered Agent and/or NEW Register | red Office addr | | | |
| | 7901 4th St N | | MILLED | | |
| | NEW Registered Office Address: | | | | |
| | STE 300 | | | | |
| | St. Petersburg | _{FL} 33702 | | | |
| the ch agent was/w the ar | limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of t | of the registe Hability con is of the limit he limited lia | ered office and the business office of the registered many, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. | | |
| | Riley tack ature of a member or authorized representative of a member | Riley | / Park | | |
| | | | Printed or typed name of signee | | |
| provis the ol to me | eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple- digations of my position as registered agent as provi rely reflect a change in the registered office address, of in writing of this change. | agree to act n ete performan ided for in Ch , I hereby con | a mis capacity. I juriner agree to comply with the ice of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been | | |
| zel 1 | Bill Havre - Assista | ant Secreta | ıry | | |

Signature of Registered Agent

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