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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: G Fab Dogs 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:		
Cina Jones  Name of Person  G'S Fab Dogs  Firm/Company		
11487 70th Address		
Seminole, FL 33772 City/State and Zip Code		
OS-Caboloo S Comail. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
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 \$\to\$ \$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.

1. Name of the limited liability company:	ab Ubgs
2. (a) 11487 79th Ave	(b) 11487 79th Ave
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Seminole, Fl 33772	Seminole, Fl 3377
3. Date of filing/registration in Florida  5. (a) Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET ALL)  (b) FL  Enter name of NEW Registered Agent and/or NEW Registered Office Address:	FILED  17 SEP -5 M  SECHETARY OF S  TALLAHASSEE, FL
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of tagent will be identical. Or, in the case of a Florida limited lial was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liability of a member.  Signature or a member or authorized representative of a member.  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete put the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I he notified in writing of this change.	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in imited liability company.  Printed or typed name of signee to act in this capacity. I further garee to comply with the

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

Signature of Registered Agent