L18000015146

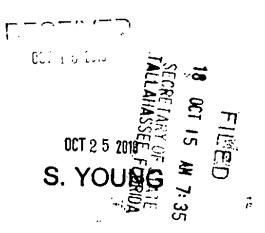
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200319374262

10/16/18--01026--005 **25.00



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Fantastic Pawz Name of Limit	LLC led Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	o the following:			
Brandy Josephin Name of Person Fantastic Pawz LLC Firm/Company		TALL TALL	a a	
305 Linda St Address		RETARY (OCT 15	FILED
Edgewater Fl 32132 City/State and Zip Code		FLORIDA	Æ 7: 35	Ö
E-mail address: (to be used for future annual report	notification)	-		
For further information concerning this matter, please cal	I:			
Brandy Jasaieu Bh at 38	710) 248-77310 Area Code & Daytime Telephone	Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

S25 Filing Fee

Enclosed is a check for the following amount:

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: FOOTOS	Slic Paruz LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 305 Linda St. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Edgensoler Fl 37141	Fagewater Fl 32132
3. Date of filing/registration in Florida	4. Document number
5. (a) Heather Echoles Registered Agent and Registered Office shown on the records	s of the Florida Dept. of State:
305 UNGO SI Edgewater Registered Office Address (MUST BE FLORIDA STREET SUM	ET ADDRESS)
(b) Bray and Jasa Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and New Registered Agent Ag	ered Office address:
NEW Registered Office Address:	
,	FI
the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after s of the registered office and the business office of the registered d liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in the limited liability company.
Healther Echols	Heather Echols
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 of Registered Agent