## N8000047652

Office Use Only

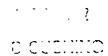


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Ra Chang



## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJ	ECT: 3 NERDY DOGS, LLC								
	N:	ame of Lim	ited Lia	ability Company					
Dear :	Sir or Madam:								
The e	nclosed Registered Agent/Registered O	ffice Chang	ge and f	fee(s) are submitted for	filing.				
Please	e return all correspondence concerning t	this matter	to the fo	ollowing:					
Melis	sa Jones								
	Name of Person			<del></del>					
ZenBı	isiness Inc.								
	Firm/Company			_					
336 E	College Ave. Suite 301								
	Address				2622 C T				
Tallah	assee, FL 32301				2022 JUL C 6711				
	City/State and Zip Code		<del></del>		ं के				
ra@ze	enbusiness com				<u> </u>				
	E-mail address: (to be used for future as	anual repor	t notific	cation)					
For fu	orther information concerning this matte	r, please ca	all:		; &				
Mel	issa Jones	84 at (	4	493-6249					
	Name of Person	ai (		Area Code & Daytim	ne 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	ng amount:	:						
□ \$25 Filing Fee			<b>\$5</b>	5 Filing Fee & Certifie	ed 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. <b>N</b> a	ame of the limited liability company: 3 NERDY	/ DO	GS, LLC	,					
2. (a)	2908 DEERBERRY LN		<sub>(b)</sub> 2908 DEERBERRY LN						
<i>L.</i> ( <i>L</i> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	· /	ailing address of I (Note: MAY BE	imited	liability	company:		
	CLERMONT, FL 34714	_	CLERI	MONT, F	L 3	<u>471</u>	4		
		<del></del>							
	02/22/2018		L18000	047652					
3.	Date of filing/registration in Florida	4.	I	Ocument num	ber				
5. (a)	Registered Agents Inc.								
J. (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:						
	7901 4th St N								
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>zz</u>						
	STE 300								
	St. Petersburg , Fl	33702			 <u>}</u> a	2022 JUI	÷ <b>515</b>		
<b>(</b> b)	ZenBusiness Inc					1			
\- <u>'</u>	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:		-		• .		
	336 E. College Ave.					:6 HW	er unt Kapti		
	NEW Registered Office Address:					8			
	Suite 301								
	Tallahassee , FI	32301							
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of organization or the operating agreement of the	registe ability of of the li	red office and company, it is l mited liability	the business of hereby confirm company or as	ffice o	of the r at the c	egistered :hange(s)		
/s/ WAYNE ACKLEY		W	AYNE AC						
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 chapte 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