## 118000074175

(Re	questor's Name)				
(Ad	ldress)	<u> </u>			
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(Cit	y/State/Zip/Phon	e #1)			
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	cument Number)				
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Certified Conjec	Cartificator	o of Status			
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
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## **COVER LETTER**

TO: Registration Section Division of Corporations	, e
Bark Essentials SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Anitra Nesbitt	
Name of Person	
Bark Essentials	
Firm/Company	<del> </del>
8668 Navarre Pkwy, Suite 154	
Address	
Navarre, FL 32566	
City/State and Zip Code	
anitra@barkandessentials.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pl	ease call:
imital Alebat	at (615) 934-1947
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following ar	nount:
□ \$25 Filing Fee	■ \$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. N	ame of the limited liability company: Bark Essentials				·			
2. (a)			(b)					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mail	ling address of limit Note: MAY BE POS		-	• •
	8668 Navarre Pkwy, Suite 154		86	668 Navarre	Pkwy, Suite 154			
	Navarre, FL 32566		N	avarre, FL 32	2566			
	March 22, 2018		L18	8000074175				
3.	Date of filing/registration in Florida	<del></del> 4.		Do	cument number			
5 (0)								
5. (a)	Registered Agent and Registered Office shown on the records of	of the Flor	ida De	pt. of State:				
	United States Corporation Agents, INC							
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE	SS)					
	5575 S. Semoran Blvd, Suite 36							
	Orlando	L_32822					-	
	,						•	
(b)						•	. ;	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	<u>addre</u>	<u>ss</u> :			<del>-0</del>	
	Anitra Nesbitt					( ) ( )	PH 1: 0	ا العام ا
	NEW Registered Office Address:				:	<u></u> 1	0	
	8868 Navarre Pkwy, Suite 154							
	Navarre	32566						
change agent was/w the art Signa I here provis the obe to mer notifie	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members icles of organization or the operating agreement of the ature of a member or authorized representative of a member who accept the appointment as registered agent and against of all statutes relative to the proper and completely accept a change in the registered agent as provided in writing of this change.	registe liability of the limited	ered of composite of the composite of th	office and the any, it is he defined in the liability compared in the liability control in the liability compared in the l	the business office the business office the business office the business of th	e of the that the that the that the the the the the the the the the th	he reg he cha se pro	istered ange(s) wided in