## L18 CCC 136373

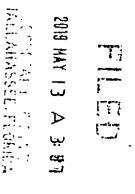
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

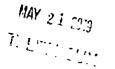
Office Use Only



800329048258

05-15-15 -61039 -629 -**\*\***25.00





## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: Infinity K-9 Training LLC  Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning thi	s matter to the following:				
Kathleen Clemens Name of Person	······································				
Infinity K-9 Training LLC Firm/Company					
454 J. Ilian Dr Address					
Crestv.ew FL 32536 City/State and Zip Code					
infinity kg training 1 @ gmail.com E-mail address: (to be used for future ann	ual report notification)				
For further information concerning this matter,	please call:				
Kathleen Clemens Name of Person	at ( <u>850</u> ) <u>902 - 9766</u> 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	☐ \$55 Filing Fee & Certified Copy				

## 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. Na	me of the limited liability company: Infinity K	6-9 Training	LLC_
2. (a) ½	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>454</u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	U.S. Corρογατίου Agents Inc.  Registered Agent and Registered Office shown on the records of	4.	Ø Ø 136 373  Document number  state:
	13302 Winding Oak Court A Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	— <u> </u>
(b)	Tampa FI  Kathleen Clemens  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 454 Jilian Dr <u>NEW Registered Office Address:</u>	L 33612 d Office address:	TALLANDS A 2 57
	crestv.ew .FI	1 32536	
the cha agent w was/we the article Signat  I hereh provision the oblite to mere notified	mited liability company is not organized under the lange or changes are made, the Florida street address or fill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the line of a member or authorized representative of a member ov accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	tws of the State of the registered off iability company, of the limited liability of the limited liability of the limited liability of the least to act in this cores to act in this cores.	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.  20 Clemens  Printed or typed name of signee  anacity: I further agree to comply with the