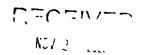
## L18000267164

(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Consist Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Rags for Wags, LLC SUBJECT:	
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Sandra Aronoff	
Name of Person	<del></del>
Rags for Wags, LLC	
Firm/Company	<del></del>
261 Cameron Drive	
Address	
Weston, FL 33326	
City/State and Zip Code	
sanicuervo@yahoo.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matt	er, please call:
Sandra Aronoff	786 514-2668 at ( )
Name of Person	Area Code & Daytime 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 followi	ng 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.

	me of the limited liability company:	LC	<del></del>	
) _	261 Cameron Drive, Weston, FL 33326  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b	)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
		_ _		
	11/15/2018		L180002	267164
	Date of filing/registration in Florida	4.	•	Document number
	UNITED STATES CORPORATION AGENTS, INC.			
1)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET) 5575 S. SEMORAN BLVD SUITE 36	ADDRESS.	1	2020 NOV 23 PH 12: 46
	Orlando FL	32822		
)	Sandra Aronoff			3 PH 2
	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	iress:	TATE 3: 46
	NEW Registered Office Address:			
	261 Cameron Drive			
	Weston	33326		
je W	mited liability company is not organized under the lay or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members cales of organization or the operating agreement of the	registere bility con f the limi limited li	d office npany, ted liab ability c	and the business office of the registered it is hereby confirmed that the change(s illty company or as otherwise provided

Thereby 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