

L19 0000018973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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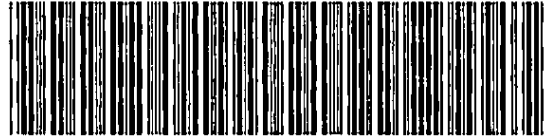
(Business Entity Name)

(Document Number)

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2019 MAR 27 PM 6:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T.G.  
04/05/19

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PET ALLERGY LABS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL DANTINI  
Name of Person

Firm/Company

656 BATTERSEA DR  
Address

ST. AUGUSTINE FL 32095  
City/State and Zip Code

dantini@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS DANTINI at ( 386 ) 547-1271  
Name of Person 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

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**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: PET ALLERGY LABS LLC
2. (a) 29 N. OLD KINGS RD, PALM COST FL 32137 (b) 656 BATTERSEA DR  
Principal office address of limited liability company. Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
ST. AUGUSTINE, FL 32095
3. 2/1/19 Date of filing/registration in Florida 4. L 19000018973 Document number
5. (a) DOUG DANTINI  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
656 BATTERSEA DR.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
ST. AUGUSTINE  
FL 32095
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
DANIEL DANTINI  
NEW Registered Office Address:  
FL

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Chris Dantini CHRIS DANTINI  
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.

Daniel A. Dantini  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00