L19000120772

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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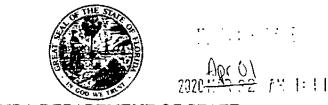
C GOLDEN APR - 6 2020

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ALL Heaven Name of Limited Lia	2 + Crematory LLC ability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and f	ec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Chloe LANda Zabas		
All Heavenly Pet Cre	enator-jh 10	
8555 S. Federal Hu	29	
Port Salut Lucie Fr City/State and Zip Code	4, 34952	
E-mail address: (to be used for future annual report notific	ention)	
For further information concerning this matter, please call:		
Chlorlazdo Zabal at (954) Name of Person) 907-0362 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec. 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 amount:		

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2020

CHLOE LANDAZABAL 8555 S FEDERAL HIGHWAY PORT SAINT LUCIE, FL 34952

SUBJECT: ALL HEAVENLY PET CREMATORY LLC

Ref. Number: L19000120772

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00005069

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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: ALL Hey venly Pet Crenglary LLC
2. (a)	(b)
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8555 S. Feccal Hury 8555 S. Federal Hoy
	fort Saint Lucie Alygge Post Sain/Lucie, AZ 3495
	5/3/2019 1900120772
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Dorgelis Lopez
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	0555 S. Federal Hery
	fort Sul W/ Lucle FL 34952
(b)	Chloe LANDAZABal -
(*)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	and the second s
	NEW Registered Office Address:
	, FL
	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
0	Whole tandersalared Childe Landazahal
Signa	ture of a number or authorized representative of a member Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed lively reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Signatu	100 Tanderabal

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00