

L19000 287 60S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

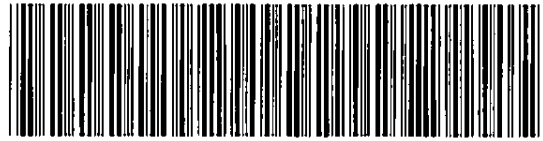
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000427890080

04/22/24-- 01020--018 \*\*25.00

FILED  
2024 APR 22 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cruisin Canine, 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:

Alyssa Boudreaux  
Name of Person

\_\_\_\_\_  
Firm/Company

3513 Wellington Drive  
Address

Holiday, Florida, 34691  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alyssa Boudreaux at ( 253 ) 244-0349  
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 following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2024 APR 22 AM 8:04

**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: Cruisin Canine, LLC
- 2. (a) 3513 Wellington Dr, Holiday FL  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* 34691
- (b) 3513 Wellington Dr, Holiday FL  
Mailing address of limited liability company: 34691  
*(Note: MAY BE POST OFFICE BOX)*

- 3. April 15<sup>th</sup> 2024 Date of filing/registration in Florida
- 4. \_\_\_\_\_ Document number

- 5. (a) Alyssa Boudreaux  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*  
598 52nd Terrace North  
Saint Petersburg, FL 33703

SECRETARY OF STATE  
 TALLAHASSEE, FL  
 2024 APR 22 AM 8:04

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
3513 Wellington Drive,  
Holiday, FL 34691

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.

Alyssa Boudreaux  
Signature of a member or authorized representative of a member

ALYSSA BOUDREAU  
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.

Alyssa Boudreaux  
Signature of Registered Agent