Division of Corporations

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

iter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT CHANGE **RUFF2RITZ GROOMING LLC**

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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. Na	ame of the limited liability company: RUFF2RITZ GR	OOMING LL	C
		(b)	
	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/18/2020		0000054723
3.	Date of filing/registration in Florida	- 4.	Document number
	LINITED STATES CORPORATION AGENTS INC		Document Manager
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Der	at of State
	Registered Agent and Registered Office shown on the records of	ine i raida izej.	a, or state.
	Registered Office Address (MUST BE FLORIDA STREET)	(DDDESS)	
	476 RIVERSIDE AVE.	ADDKI:33)	
	JACKSONVILLE	32202	28
	REGISTERED AGENTS INC		2024 APR
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	<u>s</u> :
	7901 4TH ST N		
	NEW Registered Office Address:		<u> </u>
	STE 300		<u> </u>
	ST. PETERSBURG	33702	
	, FL	·	
change agent v was/w the art	imited liability company is not organized under the law a or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered of ability compa of the limited limited liabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.
15,10	three of a member or authorized representative of a member	Robin J	Printed or typed name of signee
			-
provis. the ob- to mer n <u>otif</u> ic	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. If d in writing of this change.	ee to act in t performance d for in Chap tereby confir	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	Vid Choerts David Roberts		
Signate	ire of Registered Agent		