L21000392472

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
	 -	

Office Use Only



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2022 JAN 18 AM 10: 13
SECRETARY OF STATE

O CHANACIO



-RECEIVED

2022 JAN 18 PM 12: 12

SECRETARY OF STATE TALLAHASSEE, FL

January 7, 2022

RONALD BRAUNER 95398 CREEKVILLE DR FERNANDINA BEACH, FL 32034

SUBJECT: TOP K9 USA LLC Ref. Number: L21000392472

We have received your document for TOP K9 USA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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: 822A00000459

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Top K9 U2 Name of Lin	SA LLC
' Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Ronald Braune	
name of reison	
Top R9 USA LC Firm/Company	
95398 Craekville .	Dr_
Fernandina Beach, City/State and Zip Code	FZ 32034
VON @ Top K 9 USA. Co E-mail address: (to be used for future annual report	
is that address. (to be also for fatere armain rejons	i indirection,
For further information concerning this matter, please c	all:
Ronald Brauner at (_	904, 844 9660
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

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.

	une of the limited liability company: Top Ka		•		•
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Green Live Springs, R. 32.		Mailing add (Note: A	dress of limited liab AAY BE POST OF	rility company: FICE BOX1
3.	9/z/20z/ Date of filing/registration in Florida 4		2/00 e	039 Z	472
5. (a)	Registered Agent and Registered Office shown on the records of the F 3358 Southern Oaks Registered Office Address (MUST BE FLORIDA STREET ADD. Green Cove Spings, F. FL	RESS) 320 ce address:		MILLAHASSEE, FL	2022 JAN 18 AM 10: 13
	Fernandina Beach, FL	320	34		
enange agent w was/we the artic	mited liability company is not organized under the laws of or changes are made, the Florida street address of the regizill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of the cless of organization or the operating agreement of the limit of a member or authorized representative of a member.	stered officity company I limited lia ted liability	e and the busi it is hereby e ability compan company.	ness office of the confirmed that the y or as otherwis	e registered ne change(s) se provided in
				Bva U) typed name of sign	
he obli o mere	y accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perfo gations of my position as registered agent as provided for ly reflect a change in the registered office address. I herel writing of this change.) act in this ormance of in Chapter by confirm	capacity. I fu my duties, and 605, F.S. Or that the limited	rther agree to co d I am familiar v , if this documen I liability compo	omply with the with and accept at is being filed any has been

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