## 122000035195

(Req	juestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	= #)
		·
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
•		
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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HAR 0 7 2022 I ALBRITTON

## COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Dogfool LLC T:					
	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.			
Please re	turn all correspondence concernir	ng this matter to the	following:			
Michele F	Hill					
	Name of Person	· · · · · · · · · · · · · · · · · · ·	<del></del>			
Dogfool I	J.C					
	Firm/Company		<del></del>			
6300 NE.	5th Avenue					
	Address		<del></del>			
Miami, Fl	orida 33138					
	City/State and Zip Co	de	<del></del>			
_	eenwaldgroup.com					
E-n	nail address: (to be used for future	annual report notif	Teation)			
For furth	er information concerning this ma	itter, please call:				
Susan Rol	pinson	305 at (	667-2225			
	Name of Person		Area Code & Daytime Telephone Number			
	lailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
1	allahassee, FL 32314		2415 N. Monroe Street, Suite 810			
			Tallahassee, FL 32303			
F	Enclosed is a check for the follow	ving amount:				
ū	■ \$25 Filing Fee	⊐ \$	55 Filing Fee & Certified Copy			



RECEIVED

2022 MAR -2 AM 11: 22

SECRETARY OF STATE TALLAHASSEE, FL

February 11, 2022

MICHELE HILL 6300 NE 5TH AVENUE MIAMI, FL 33138

SUBJECT: DOGFOOL LLC Ref. Number: L22000025185

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 registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 422A00003505

Irene Albritton Regulatory Specialist III

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.

(a)			(b)	Market Ma
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_	,	Mailing address of limited liability company:
	6300 NE 5th Avenue		6278 N	North Federal Highway - #406
	Miami, Florida 33138	_		
	Math, Fiolida 55138		Fort La	auderdale, Florida 33308
	1/11/2022		L220000	025185
	Date of filing/registration in Florida	- 4.		Document number
(a)	Andrea Greenwald			
(a)	Registered Agent and Registered Office shown on the records of	the Florie	la Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	6300 NE 5th Avenue			17A
	Miami	33138		2022 HAR - SECALLA TALLA
	, FI.			R-2 A
(b)	Michele Hill			SSE R
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	
				OT ATE
	NEW Registered Office Address:	<del> </del>		
	6300 NE 5th Avenue			
	Miami FL	33138		
: liı	mited liability company is not organized under the law	s of the	State of	Elorida it is boundary === 5 2
~~	enunces are made, the riting strict another of the i	CONTRACTOR	17/1 Attion	and the business of the state o
vei	re authorized by an affirmative vote of the members of	onnty co Ethe lin	ompany, i pired liabi	it is hereby confirmed that the change(s)
tic 1	eles of organization or the operating agreement of the l	imited	iability c	ompany.
$\Lambda_{V}$	he of a member or authorized representative of a member	عسد.	rea Circen	water Michele Hill
	INC MI a member or authorized representative of a member			Printed or typed name of signee

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