

L23000355474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

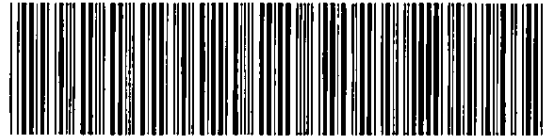
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DIVISION OF CORPORATIONS  
2023 AUG 28 PM 12:40

2023 AUG 28  
R. HUNT  
08/28/23

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HAPPY PETS BAKERY 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:

RYAN, CARRIE

Name of Person

HAPPY PETS BAKERY LLC

Firm/Company

601 WELDON BOULEVARD SUITE 105

Address

LAKE MARY, FL 32746

City/State and Zip Code

clyman19@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN, CARRIE

Name of Person

at ( 386 ) 259-2174

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

INHS18 (2/14)

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DIVISION OF CORPORATIONS

**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: HAPPY PETS BAKERY LLC
2. (a) 601 WELDON BOULEVARD SUITE 105  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
LAKE MARY, FL 32746
- (b) 601 WELDON BOULEVARD SUITE 105  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
LAKE MARY, FL 32746
3. 07/27/2023 Date of filing/registration in Florida
4. L230000355474 Document number
5. (a) RYAN, CARRIE  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
310 SUNNYSIDE LANE  
DEBARY, FL 32713
- (b) HEALTHY PETS AND URGENT CARE, LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
  
601 WELDON BOULEVARD SUITE 105  
NEW Registered Office Address:  
  
LAKE MARY, FL 32746

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.

Carrie Ryan  
Signature of a member or authorized representative of a member

RYAN, CARRIE

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.*

\_\_\_\_\_  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA