

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Better Stays Petco	re LLC bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Jessica Lesher  Name of Person  Better Stays Petcare Lic  Film/Company  1831 Lady Mary Drive  Jessica Lesher  Name of Person  Better Stays Petcare Lic  Film/Company  Company  Company	_
Clearwater, FLorida 33756 City/State and Zip Code	<u> </u>
<u>Better Stays Pet care Damail.</u> Cor E-mail address: (we be used for future annual report notific For further information concerning this matter, please call:	<u>x</u> tation)
Jessica Leshar at (727 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:	
<b>№</b> \$25 Filing Fee	5 Filing Fee & Certified Copy

TO: Registration Section

## 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:  Beffer \$1.	EtCare LLC
2. (a) 1831 Lady Mary Drive (b) 16	
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Clearwater, Florida (1	curwater, Florida
	3756
0112312024 L	. 24000043733
3. Date of filing/registration in Florida 4.	Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of	Lonkey
16×	state.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<del></del>
6901 US HWY 19 N.	20:
0101001111	2024   1.45
<u>Finelias Park</u> FL 33781	<u> </u>
(b) Catherine E. Brennan	-1
Enter name of NEW Registered Agent and/or NEW Registered Office address:	—
	<i>ن</i> ا
NEW Registered Office Address:	
1831 Lady Mary Drive	
1831 Lady Mary Prive  Clear water FL 33756	
If the limited liability company is not organized under the laws of the State of change or changes are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company, was/were authorized by an affirmative vote of the members of the limited liability of fraganization or the operating agreement of the limited liability	and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in
	SSi Car Lesher Printed or typed name of signee
,	
I hereby accept the appointment as registered agent and agree to act in this convisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter to merely reflect a change in the registered office address, I hereby confirm the notified in writing of this change.	ny duties, and I am familiar with and accept-
Signature of Registered Agent	