M1900000 9309

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
ertified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

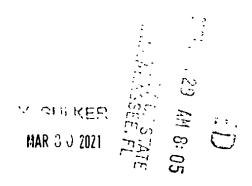


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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: March 29, 2021			7.000di.m./ 120000000000	
Name: la	n Reilly			
Reference #:	1326971	_ _		
Entity Name:	REGENCY	PET, LLC	_ _	
Articles of Inco	rporation/Authoriza	tion to Transact Busine	ess	
✓ Amendment				
Change of Age	ent			
Reinstatement				
Conversion				
Merger				
☐ Dissolution/Wit	thdrawal			
☐ Fictitous Name	?			
Other				
Authorized Amour	nt: \$25.00	m		
Signature:				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: Faithful For	ever Pet Loss Services LLC
inter new principal office address, if applicable:	
Principal office address 1UST BE A STREET ADDRESS)	N/A
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	N/A
. The Florida document number of this limited liab	ility company is: M19000009309
. Jurisdiction of its organization:	Delaware :
. Date authorized to do business in Florida:	
ECTION II (5-9 complete only the applicable cl	nanges)
. New name of the limited liability company:	Regency Pet, LLC
(must	Tive O
opy of the written consent of the managers or mana nust contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and attach aging members adopting the alternate name. The alternate name of "LLC.") officer address on our records, enter the name of the new
Ioma of Naw Pagistanud August.	
lew Registered Office Address;	
	Enter Florida Street Address
	Florida
	City Zip Code

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.

Address Loyal Ave, Ste 30(e, MI) 21202	Type of Action Add Remove
	Add Remove
Royal Ave, Ste 301 e, Mi) 21202	Remove
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Filing Fee: \$25.00

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am	the Authorized Person
of Regency Pet, LLC	
(Name of Limited Liability (Company)
a limited liability company duly organized and ex	xisting under the laws of
Delaware	
(State or Country of Organization)	
Because the name of this foreign limited liability	company does not satisfy the
requirements of the s. 605.0112, F.S., the limited	liability company hereby adopts the
following name to transact business in the state o	f Florida:
Regency Family - Florida LLC	
(Name to be used by limited liability company in Florida. NOTE Company, L.L.C., or LLC.)	: Name must contain Limited Liability
Todd B. allut	3/25/21
Signature Authorized Person	Date



Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FAITHFUL FOREVER PET

LOSS SERVICES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO "REGENCY PET, LLC" ON THE TWENTY-SIXTH DAY OF JUNE,

A.D. 2020, AT 2:04 O'CLOCK P.M.



Authentication: 202500101

Date: 02-12-21