

N 01000004745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

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C. GOLDEN

JUN 28 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lucky Star Cavalier Rescue
Name of Corporation

DOCUMENT NUMBER: N01000004745

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Coyne President / Don Hilburn Treasurer
Name of Contact Person

Lucky Star Cavalier Rescue
Firm/Company

office: PO Box 7054
Address

Carmel, CA 93921
City/State and Zip Code

hilburn@workmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Coyne at 207, 829 8571
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



*"Until there are none ...
Rescue one"*


Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Claretha Golden

Dear Ms Golden,

Please find enclosed the corrected State of Change of Registered Agent form for Lucky Star Cavalier Rescue, Inc. I have added, "Inc" and initialed the change.

Thank you.


Mary Coyne
President, Lucky Star Cavalier Rescue, Inc.

RECEIVED
JUL 16 PM 2:52



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2017

MARY COYNE
POST OFFICE BOX 7054
CARMEL, CA 93921

SUBJECT: LUCKY STAR CAVALIER RESCUE, INC.
Ref. Number: N01000004745

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6052.

Claretha Golden
Regulatory Specialist II

Letter Number: 717A00010744

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ucky Star Cavalier Rescue, Inc. (MC)
2. The principal office address: 23936 Oak Tree Dr
Sorrento, FL 32776
3. The mailing address (if different): PO Box 7054
Carmel, CA 93921
4. Date of incorporation/qualification: 7/2/2001 Document number: NC1000004745
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Christopher A. Swain
23936 Oak Tree Dr
Sorrento, FL 32776

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Riki Shaw
3 Grove Isle Dr, PH 1
Coconut Grove, FL 33133
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

Mary Coyne
Signature of an officer or director

Mary Coyne President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Riki Shaw
Signature of Registered Agent

5-16-17
Date

If signing on behalf of an entity:

Riki Shaw
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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2017 JUN 16 AM 11:13

TALLAHASSEE, FLORIDA