

NO300000099Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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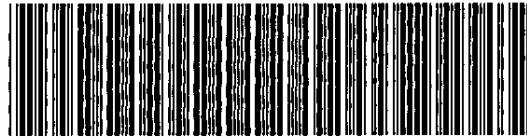
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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9-23-11

COVER LETTER

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TO: Amendment Section
Division of Corporations

11 SEP 23 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Gulf Coast Pet Partners
Name of Corporation

DOCUMENT NUMBER: N03000000992

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:

Maja Angeli, Treasurer
Name of Contact Person

Gulf Coast Pet Partners
Firm/Company

11820 Red Hibiscus Drive
Address

Bonita Springs, FL 34135
City/State and Zip Code

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

For further information concerning this matter, please call:

Maja Angeli, Treasurer at (239) 273-9828
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

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gulf Coast Pet Partners, Inc.
2. The principal office address: c/o Brett Beckman, DVM
11002 Nathan Court, Punta Gorda, FL 33955
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/05/03 Document number: N03000000992
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)

Resigned

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

Patty Bigelow

14791 Hole in 1 Circle, #208

P.O. Box NOT acceptable

Fort Myers, FL 33919-2142

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.

Maja Angeli
Signature of an officer or director

Maja Angeli, Treasurer
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.

Patty Bigelow
Signature of Registered Agent

9-14-2011
Date

If signing on behalf of an entity:

Patty Bigelow, Gulf Coast Pet Partners
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 (8/05)

FILED
11 SEP 23 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA