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Office Use Only



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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: ANIMAL ADVOCACY IN MOTTON, INC. (Name of Corporation)                                       |
| DOCUMENT NUMBER: NOSOOOOO 739  |
| 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:                            |
| DAVID B. BUESSING (Name of Contact Person)   |
| (Firm/Company)   |
| 2206 VIRTINA DRIVE (Address)   |
| OPLANDO, FL 32-803 (City/State and Zip Code)   |
| For further information concerning this matter, please call:   |
| DAVID B. BUESS 125 at (407) 896.8569 (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 Pouls in order to change its registered office or registered agent, or both, in the State of Florida.   |
|--|
| 1. The name of the corporation: ANIMAL AOVOCACY IN MOTTON, INC   |
| 2. The principal office address: 2206 VIRWIA DR, ORLANDO, FL 32803   |
| 3. The mailing address (if different): P.O. Box 532031, Orlando, FL 32853-2031   |
| 4. Date of incorporation/qualification: 01/19/05 Document number: NO 500000 739  |
| <ol><li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State:</li></ol>  |
| DAVID B. BLESSING  |
| 2692 W. LAKE MARIBUND, STE 1010 ES &   |
| LAKE MARY, 12 32746 27 E   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| OCLANDO 52 32-803 (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.  |
| Heather Carpenter (Significant of an officer or director)  Heather Carpenter (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. |
| 04/24/06   |
| (Sighature of Registered Agent) (Date)   |
| If signing on behalf of an entity:   |
| (Typed or Printed Name)  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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