

N05 0000 10904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

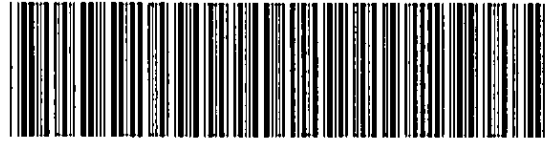
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 27 PM 4: 11

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECAH Animals, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000010904

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:

Carolyn Hurst

Name of Contact Person

Bell & Clements Tax Solutions, LLC

Firm/Company

3113 Capital Medical Blvd

Address

Tallahassee, FL 32308

City/State and Zip Code

carolynhurstcpa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Hurst

Name of Contact Person

at (850) 801-3500

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ECAH Animals, Inc.
2. The principal office address: 2040 Owenby Drive
Tallahassee, FL 32308
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/24/05 Document number: N05000010904
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)

Shannon Rosier
1882 Capital Circle NE, Ste 102
Tallahassee, FL 32308

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

Carolyn Hurst
3113 Capital Medical Blvd
Tallahassee, FL 32308

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.

Elisabeth Draper
Signature of an officer or director

Elisabeth Draper, Director
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.

Carolyn Hurst
Signature of Registered Agent

5/11/22
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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2022 JUN 27 PM 4:11
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA