

N05 0000 10904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

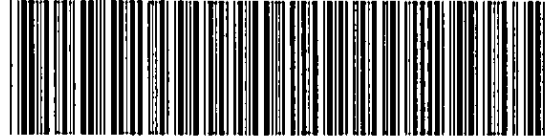
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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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

P.O. Box NOT acceptable

Tallahassee, FL 32308

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 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA