

N105000011546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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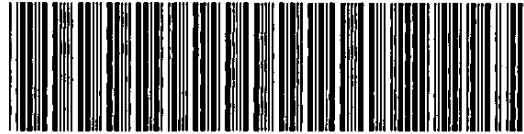
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Change

10/09/06

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Florida Pet Rescue and Rehabilitation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO 50000 11546

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:

RICK PETERSON, CPA
(Name of Contact Person)

(Firm/Company)

4801 S. UNIVERSITY DR - 3080
(Address)

DAVIE, FL 33328
(City/State and Zip Code)

For further information concerning this matter, please call:

Rick Peterson at (954) 434-2511
(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 FLA
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: South Florida Pet Rescue and Rehabilitation, Inc.
2. The principal office address: 6919 Broward Blvd
PLANTATION, FL 33317
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/4/05 Document number: NO5000011546
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Ruth MacNiven
7306 GARY AVE
MIAMI BEACH, FL 33141-2509

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

STACY NARCISSE
324 NW 49 Ave
(P.O. Box NOT acceptable)
Plantation, FL 33317

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TALLAHASSEE, FLORIDA

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.

Stacy Narcisse
(Signature of an officer or director)

STACY NARCISSE, Pres.
(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.*

Stacy Narcisse
(Signature of Registered Agent)

10/4/06
(Date)

If signing on behalf of an entity:

STACY NARCISSE
(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)