N06000010238

(Re	equestor's Name)						
(Ad	dress)						
(Ad	dress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nan	ne)					
(Do	cument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						

Office Use Only



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06/11/07--01031--003 **35.00

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SECRETARY OF STATE
NIT AHASSEE, FLORING

were the second

COVER LETTER

Division of C	section orporations	
SUBJECT:	Pet Guardia (Name of Co	orporation)
DOCUMENT NUM	ber: <u>N060000</u>	10238
The enclosed Stateme	ent of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all corre	espondence concerning this matter	to the following:
	Jose L (Name of Cor	
_	Pet Gu (Firm/Co	mpany)
	PO Box	441928 ress)
_		FL 33144
For further information	on concerning this matter, please c	
Jose	L Sanchez	_ at (305) 710 - 6129 (Area Code & Daytime Telephone Number)
(Name	e of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted fo	ons 607.0502, 617 or a corporation of	rganized under th	ie laws of	the State of _	Flor		_
in order	to change its reg	istered office or re	gistered agent, of	r both, in i	the State of F	lorida.		
1. The name of th	ne corporation:	Pet	Guardi	ans	Inc			
2. The principal of	office address:	8764				<i>\$</i> >		
-		Miami	FL	33	174			
3. The mailing ad	ldress (if differen		Box					
			mi, FL					
4. Date of incorpo	oration/qualificat	ion: <u>0</u> 9/29	/ 2006_ Docum	nent numb	er: <u>N 06 (</u>	0000	102	<u>38</u>
5. The name and Florida Depart		the current register	red agent and regi	istered offi	ce on file wit	th the		
		Jose L	· Sano	chez		_		
	a	960 Su	U 78.	Ave		اللا 17	07	
,			-L 331			CRETA AHAS	I MIDIC	7
6. The name and (if changed):	street address of	the new registered	agent (if changed	d) and /or(egistered off	RY OF STATE	I PH 2: 2	LED
•	876	4 SW (P.O Box NOT acce	12 S+	#	108	- ⊕ ∏	23	
	Mia	(P.O Box NOT acce	ptable) _ 331	74		-		
The street address as changed will	ss of its registere be identical.	d office and the st	reet address of the	he busines	ss office of it	s register	ed age	nt,
Such change was authorized by the	s authorized by r e board, or the co	esolution duly ado orporation has bee						
- Alikahatur	mello re of an officer of direc	tor)			typed name and	. •	3	_
I hereby accept t	the appointment	as registered ager e provisions of all ith and accept the reflect a change writing of this cha		ct in this	capacity,	· ·	forma Or, if t n that t	nce his he
	aneles			06	- 08 - 2	2009	Z	
(Sign	nature of Registered A	gent)			(Date)	<u> </u>	-	-
If signing on bel	nalf of an entity:							
							`.	
(Ty	yped or Printed Name)	_						

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