

N07 000010418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

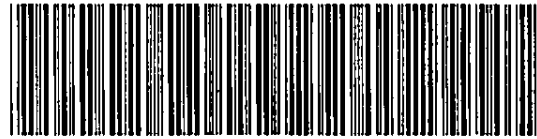
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: It's Meow or Never for Ferals Inc.
Name of Corporation

DOCUMENT NUMBER: N07000010418

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:

Valerie Clayton

Name of Contact Person

It's Meow or Never for Ferals Inc.

Firm/Company

249 Clayton Road

Address

Monticello FL 32344

City/State and Zip Code

itsmeowornevertally@gmail.com

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

For further information concerning this matter, please call:

Valerie Clayton

Name of Contact Person

at (850) 509-8492

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

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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: It's Meow or Never for Ferals, Inc.
2. The principal office address: 249 Clayton Road
Monticello FL 32344
3. The mailing address (if different): P O Box 12326
Tallahassee FL 32317
4. Date of incorporation/qualification: 10/25/07 Document number: N07000010418
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)

Yalie Rockwell--RESIGNED

1502 Dove Rd Tallahassee FL 32308

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

Valerie Clayton

249 Clayton Road

P.O. Box NOT acceptable

Monticello FL 32344

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.

Valerie Clayton
Signature of an officer or director

Valerie Clayton, Treasurer

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.

Valerie Clayton
Signature of Registered Agent

9/20/17

Date

If signing on behalf of an entity:

It's Meow or Never for Ferals, Inc.

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 (03/12)

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