

NO9000000637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

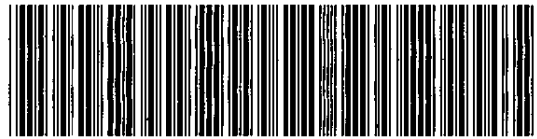
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100147880371

04/07/09--01025--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR -7 PM 1:03

RH/RD/CH8
@ 4.9.09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Taylor's Tears Animal Rescue, Inc. ■
(Name of Corporation)

DOCUMENT NUMBER: N09000000637

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:

Gina Brashear
(Name of Contact Person)

Taylor's Tears Animal Rescue, Inc.
(Firm/Company)

15200 BROKEN J RANCH RD.
(Address)

FORT MYERS, FL 33905
(City/State and Zip Code)

For further information concerning this matter, please call:

Gina Brashear at (239) 222-4451
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Taylor's Tears Animal Rescue, Inc.
2. The principal office address: 15200 BROKEN J RANCH RD. (physical address)
3. The mailing address (if different): P.O. BOX 50549 (mailing only)
Fort Myers, FL 33994
4. Date of incorporation/qualification: 01/20/09 Document number: N09000000637
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)

Debra Armata

17301 FRANK RD

ALVA, FL 33920

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

Tonya Whidden
2450 Bishop Drive / Unit
(P.O. Box NOT acceptable)
ALVA, FL 33920

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR #12 PM 1:00

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.

Gina Brashear
(Signature of an officer or director)

Gina Brashear
(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.

Tonya Whidden
(Signature of Registered Agent)

3/31/09
(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