N0900001506

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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BORETARY OF STATE

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COVER LETTER

TO: Amendmen Division of	nt Section Corporations						
SUBJECT:	All Creatures Sanctuary Name of C	Great and Small Inc.					
DOCUMENT NU	MBER:N09	000001506					
The enclosed States	ment of Change of Registered Offic	e/Agent and fee are submitted for filing.					
Please return all con	rrespondence concerning this matte	to the following:					
		,					
	Tish He	nnessey					
•	Name of Co	ntact Person					
	All Creatures Sanctuary Great and Small Inc.						
	Firm/Co	ompany					
		ox 723					
	Add	ress					
		-					
	Ocklawaha FL 32183 City/State and Zip Code						
	City/State at	id Zip Code					
tishacs@hotmail.com							
_	E-mail address: (to be used for f	uture annual report notification)					
For further informa	tion concerning this matter, please	eall:					
<u>-</u>	T:-b 11	252					
	Tish Hennessey ne of Contact Person	at (352) 288-6754 Area Code & Daytime Telephone Number					
14411	io of Contact Person	The code a Daytime Telephone Number					
Enclosed is a \$35.0	0 check made payable to the Depar	ment of State.					
		1					
	Mailing Address:	Street Address:					
	Amendment Section	Amendment Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	Clifton Building					
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					

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

statement of cha	inge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida
1. The name of t	the corporation: All Cre	eatures Sanc	tuary Great and Si 464C Ocklawaha, FL	mall Inc.
3. The mailing a	ddress (if different): PO	Box 723 Ockla	awaha, FL 32183	
4. Date of incorp	poration/qualification:	2/12/2009	Document number:	N09000001506
	I street address of the curt tment of State: (If resigne		nt and registered office on f	file with the
	JUSTICE FOR ALL	FL, LLC		SE O
	5762 SE AGNEW I	ROAD		
	BELLEVIEW FL 34	420 US		FIL 24 ASSE
6. The name and (if changed):	I street address of the new		if changed) and /or register	PH 1: 4.3 OF STATE EF, FLORIDA
	13520 East Highwa			
		P.O. Box NOT ac	cceptable	
	Ocklawaha, FL 321	79		<u></u>
The street address changed will	ess of its registered office be identical.	e and the street ad	dress of the business offic	e of its registered agent,
Such change we authorized by th	as authorized by resoluti the board, or the corporat	on duly adopted b ion has been notif	y its board of directors or ied in writing of the chang	by an officer so ge.
- Sonatur	re of an office or director	·	Tish Heni Printed or typed nam	nessey
I hereby accept I further agree to of my duties, an document is bei		stered agent and a sions of all statute l accept the obliga t a change in the r t of this change.	igree to act in this capacit is relative to the proper an ition of my position as reg egistered office address, I	
<u>"LUM</u> Sign	ature of Registered Agent	<u> </u>	7/20/20 Date	009
If signing on be	half of an entity:			
	na Rupnarain, CPA			

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