

ND9000002244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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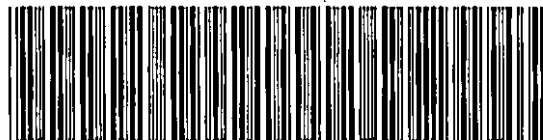
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PALM BEACH COUNTY CAT COALITION, INC.  
Name of Corporation

DOCUMENT NUMBER: NO900000 2244

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:

SANDRA L. SAYLIME  
Name of Contact Person

PALM BEACH COUNTY CAT COALITION, INC.  
Firm/Company

1757 KERRY LANE  
Address

LOXAHATCHEE, FL 33470  
City/State and Zip Code

ES65962@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA L. SAYLIME at ( 561 ) 791-0022  
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

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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: PALM BEACH COUNTY CAT COALITION, INC.
2. The principal office address: 1738 PRIMROSE LN, WELLINGTON, FL 33414
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/5/09 Document number: N04000002244

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)

ELAYNE S. GOODING

1738 PRIMROSE LN

WELLINGTON, FL 33414

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

SANDRA L. SABLIME

1757 KERBY LANE

P.O. Box NOT acceptable

LOXAHATCHEE, FL 33470

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.

Elayne S. Gooding  
Signature of an officer or director

ELAYNE S. GOODING  
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.

Sandra L. Sablime  
Signature of Registered Agent

JULY 26, 2017  
Date

If signing on behalf of an entity:

SANDRA L. SABLIME  
Typed or Printed Name

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