10900006439

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Veterans Village & K-9 Companions Centers, Inc. Name of Corporation			
NO000000000			
DOCUMENT NUMBER: N0900006439			
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:			
Michele Sharpe			
Name of Contact Person			
Firm/Company			
2201 NW Corporate Blvd. Ste. 101			
Address			
Boca Raton, FL 33431			
City/State and Zip Code			
michelesharpe@aft.net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Michele Sharpe 2,954,914-9241			
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 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

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: Veterans Village & K-9 Companions Centers, Inc.		
2. The principal office address: 2201 NW Corporate Blvd., Boca Raton, FL 33431		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 07/01/2009 Document number: N0900006439		
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)		
Harvey Scholl		
2201 NW Corporate Blvd.		
Boca Raton, FL 33431		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Weiss Law Group, PA		
12512 W. Atlantic Blvd.		
P.O. Box NOT acceptable Coral Springs, FL 33071		
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.		
Michele Sharpe, Treasurer Signature of an officer or dijector 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.		
11/20/2012		
Signature of Registered Agent Date		
If signing on behalf of an entity:		
Jason S. Weiss Typed or Printed Name		

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