## M09000007745

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PiCK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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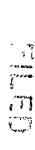


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SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

2010 JAN 25 AM 9: 07





Linda M. Robison Direct Dial: 954-703-3901 Direct Fax: 954-707-4540 linda.robison@fowlerwhite.com

January 20, 2010

BY U.S. MAIL

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Change of Registered Agent for Happy Tailz Pet Rescue, Inc.

Dear Sir or Madam:

Enclosed please find for filing on behalf of the above-referenced company is an original and duplicate copy of Statement of Change of Registered Agent for a Corporation and a check in the amount of \$43.75, payable to Florida Department of State for the filing fee and certified copy.

Evidence of the filing should be directed to my office at the address referenced below.

If you have any problems regarding these filings, please do not hesitate to contact the undersigned at 954.703.3900. Thank you for your assistance.

Very truly yours,

Linda M. Robison

LMR/aja Enclosures

cc:

Via Email

Jacklyn Treneer (w/out attachments)

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	Happy Tailz I	Pet Rescu	e, Inc.			
DOCUMENT NUM	ивек:	<u> 10900000</u>	7745			
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:						
-	Jac Name o	klyn Trenee of Contact Per	son			
Happy Tailz Pet Rescue, Inc.						
Firm/Company						
920 NE 35th Street Address						
Oakland Park, FL 33334 City/State and Zip Code						
jtangels54@aol.com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	acklyn Treneer	at (	954	295-9122 Daytime Telephone Number		
Nam	e of Contact Person	A	rea Code &	2 Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314		Division Clifton 2661 Ex	ddress: nent Section n of Corporations Building tecutive Center Circle ssee, FL 32301		

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Floric rganized under the laws of the State c egistered agent, or both, in the State c	of Florida
1. The name of t	he corporation: Happy Tailz P	et Rescue, Inc.	,
2. The principal	Oakland Park, F	1 00004	
3. The mailing a			
4. Date of incorp	oration/qualification: 8/7/0	9 Document number:	N09000007745
	street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file signed)	with the
	Michael S. Byrnes	i,	
	1200 E. Las Olas Blvd, Suite	e 400	
	Fort Lauderdale, FL 33301		
6. The name and (if changed):		agent (if changed) and /or registered	office LAN 2
	Jacklyn Treneer		
	920 NE 35th Street	ox NOT acceptable	
	Oakland Park, FL 33334	x NOT acceptable	
The street address changed will	ss of its registered office and the st be identical.	treet address of the business office of	of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adde board, or the corporation has been	opted by its board of directors or by en notified in writing of the change.	an officer so
Signatur	Lyn Lenear c of an officer or director	Jacklyn Treneer	Director
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and e obligation of my position as regist in the registered office address, I ha ange.	complete performance ered agent. Or, if this ereby confirm that the
Sackle	menea	January 11,	2010
	hature of Registered Agent half of an entity:	Date	
Т	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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