N09000009565

(Re	equestor's Name)	
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SECRETARY OF STATE

R.A.

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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: PET FRIENDS FORIDA, INC., Name of Corporation		
DOCUMENT NUMBER: NO 900000 9565		
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:		
CHRISTINA CRAWFIS Name of Contact Person		
Name of Contact Person		
DET FRIENDS FLORIDA		
Firm/Company		
15970 GRASSHOPPER G		
Address		
Fort Myers, Fr 33912 City/State and Zip Code Pawsbehave @ aol-com		
Prinspehave @ apt-com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CHUSTINA CRAWAS at (239) 592 6700 Name of Contact Person Area Code & Daytime Telephone Number		
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 Amendment Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PET FRIENDS FORIDA, INC.
2. The principal office address: 159 to GRASSHOPDER G FORT MYEAS h 3
3. The mailing address (if different): SAM É
4. Date of incorporation/qualification: 10-1-2009 Document number: N0900000 9565
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)
JUDITH YEVICK - REGIGNED
2224 SW 144h PLACE
CADE CORAL, FL 33991 PG =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CHRISTINA CRAWFIS
15970 GIRASSHOPPER G
- F.O. Box NOT acceptable
FORT MYERS, FL 33912
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.
Signature of an officer of director CHRISTINA CRAWFIS 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.
Chusha Changer 4-24-12 Signature of Registered Agery 4-24-12
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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