N10000006459

uestor's Name)	
ress)	
ress)	
/State/Zip/Phon	e #)
☐ WAIT	MAIL
iness Entity Na	me)
(Document Number)	
Certificate	s of Status
Special Instructions to Filing Officer:	
	ress) /State/Zip/Phon WAIT iness Entity National Sument Number)

Office Use Only



000249831730

07/17/13--01008--016 **35.00

FILED

13 JUL 17 AM 9:57

SECRETARY OF STATE
ALLAHASSEE ELEMEN

C. LEWIS

JUL 1 9 2013

EXAMINER

COVER LETTER

Division of Corporations	약	
SUBJECT: Joshua's House for Golden Retriever Name of Corporation	Rescue	Inc.
DOCUMENT NUMBER: V1000006459		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	iling.	
Please return all correspondence concerning this matter to the following:		
Samuel E. Chase Name of Contact Person Joshua's House for Golden Retriever Rescue Firm/Company 1179 East Whirl Away Circle Address Toverness, FL 3445-3 City/State and Zip Code	, Inc.	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Samuel E. Chase at (352) 726-19 Name of Contact Person Area Code & Daytime Telep	hone Number	_
Thea code & Daytime Telep	none rumber	

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

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Joshua's House for Golden Refriever Rescue, I
2. The principal office address: 1179 East Whiel Away Circle Inversess, FL 34453
3. The mailing address (if different): P.O. Box 513
Lecanto, FL 34460
4. Date of incorporation/qualification: 7/6/2010 Document number: N10000006459
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)
Hester Clow
1397 S. Ladera Terrare
Inversess, FL 34452 For 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Samuel E. Chase 1179 East Whirl Away Circle P.O. Box NOT acceptable Tourness, FL 34453
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.
Samuel E. Chase UP Samuel E. Chase UP
Signature of an officer or director 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.
Vanuel E. Chase 7/15/2013
Signature of Registered Agent If signing on behalf of an entity:
Typed or Printed Name

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