

N11 000007277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

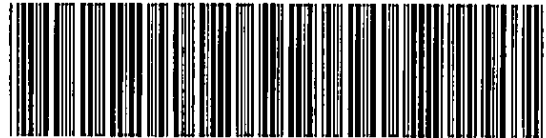
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIMBO CHIHUAHUAS - CHIHUAHUA RESCUE INC
Name of Corporation

DOCUMENT NUMBER: N11000007277

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:

SUSAN J ADAMS

Name of Contact Person

LIMBO CHIHUAHUAHUA - CHIHUAHUA RESCUE INC

Firm/Company

6800 GULFPORT BLVD S #201-105

Address

SOUTH PASADENA, FL 33707

City/State and Zip Code

Limbochi@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan J Adams

Name of Contact Person

at (856

) 577-6871

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Limbo Chihuahuas - Chihuahua Rescue Inc
2. The principal office address: 6800 Gulfport Blvd S #201-105
South Pasadena, FL 33707
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/01/2011 Document number: N11000007277
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)

Mary M Barrett - Deceased

1601 54th Street South

Gulfport, FL 33707

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

Susan J Adams

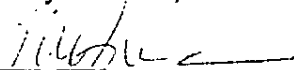
3851 Golden Oriole Parkway

P.O. Box NOT acceptable


Sarasota, FL

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.

 Director / Co Treasurer
Signature of an officer or director 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.

 10/29/2010
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)