

N/40000008500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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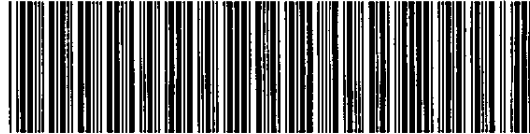
(Business Entity Name)

(Document Number)

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15 MAY 18 AM 7:40  
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FLORIDA

MAY 22 2015

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ZEN-K9, INC.  
Name of Corporation

DOCUMENT NUMBER: N14000008500

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:

KITTI VARGA

Name of Contact Person

ZEN-K9, INC.

Firm/Company

125 VINTAGE ISLE LANE

Address

PALM BEACH GARDENS FL 33418

City/State and Zip Code

KITTI.VARGA@ZEN-K9.COM

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

For further information concerning this matter, please call:

KITTI VARGA

Name of Contact Person

at ( 786 ) 512-8486

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  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ZEN-K9, INC.
2. The principal office address: 125 VINTAGE ISLE LANE  
PALM BEACH GARDENS, FL 33418
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 9/11/14 Document number: N14000008500
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)

ABIGAIL WATTS-FITZGERALD  
777 BRICKELL AVE. #850  
MIAMI, FL 33131

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

ABIGAIL WATTS-FITZGERALD  
2800 PONCE DE LEON BLVD, SUITE 1400  
P.O. Box NOT acceptable  
CORAL GABLES, FL 33134

15 MAY 18 AM 7:40

RECEIVED

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.

Kitt Varga  
Signature of an officer or director

KITTI VARGA, TREASURER  
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.*

[Signature]  
Signature of Registered Agent

5/12/15  
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 (03/12)