

N140000011357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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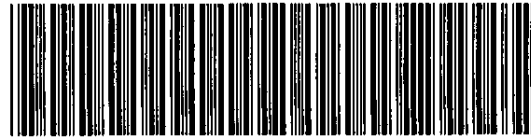
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Black Dog Refuge Tampa, Inc.
Name of Corporation

DOCUMENT NUMBER: NI4000011357

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:

Natalie Niemann Napolitano
Name of Contact Person

Firm/Company

1619 Harvest Grove Ct
Address

Valrico, FL 33596
City/State and Zip Code

nnapolitano4@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie N. Napolitano at (813) 967-3051
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
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

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**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: Black Dog Refuge Tampa, Inc.
2. The principal office address: 1619 Harvest Grove Ct; Valrico, FL 33596
3. The mailing address (if different): same
4. Date of incorporation/qualification: 12-15-2014 Document number: N14000011357
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)

Suzanne Semago - resigned
1005 22nd St. W.
Bradenton, FL 34205

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

Natalie Niemann Napolitano
1619 Harvest Grove Ct.
P.O. Box NOT acceptable
Valrico, FL 33596

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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.

Suzanne Semago Suzanne Semago
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.

Natalie Niemann Napolitano 3-13-17
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 (03/12)