

N160000003365

(Requestor's Name)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Liberty Dog, Inc.  
Name of Corporation

DOCUMENT NUMBER: N16000003365

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:

Jennifer J. Green  
Name of Contact Person

Liberty Dog, Inc.  
Firm/Company

113 E. College Ave., Suite 300  
Address

Tallahassee, FL 32301  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Green at (850) 528-8809  
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

**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: Liberty Dog, Inc.
2. The principal office address: 113 E. College Ave., Suite 300  
Tallahassee, FL 32301
3. The mailing address (if different): P.O. Box 390  
Tallahassee, FL 32302
4. Date of incorporation/qualification: 3/31/2016 Document number: 11600000 3365
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)

Doug McAlarney  
113 E. College Ave., Suite 300  
Tallahassee, FL 32301

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

Timothy Parson  
113 E. College Ave., Suite 300  
Tallahassee, FL 32301

P.O. Box NOT acceptable

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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.

[Signature]  
Signature of an officer or director

Jennifer J. Green  
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.

Timothy L. Parson  
Signature of Registered Agent

11/7/2016  
Date

If signing on behalf of an entity:

Timothy Parson  
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