

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045

Fax Number

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Email Address:

fran@poodleangels.com

REGISTERED AGENT CHANGE POODLE ANGELS, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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7/28/2020



July 29, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

POODLE ANGELS, INC. 2336 SE OCEAN BLVD UNIT 380 STUART, FL 34996

SUBJECT: POODLE ANGELS, INC.

REF: N16000004755

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Claretha Golden Regulatory Specialist II FAX Aud. #: H20000247700 Letter Number: 720A00014209

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 6, unge is submitted for a corporation or to change its registered office or | organized under the | laws of the State | of Florida | |
|--|---|---|--|---|-------------------------|
| | the corporation: POODLE ANGEL | _ | on, in the State | ој гинаа. | |
| | office address: 11231 US Highway | | each, FL 33408 | | |
| 2. The mailine of | | | <u></u> | | _ |
| _ | address (if different): | | N160 | | <u> </u> |
| 5. The name and | d street address of the current regist timent of State: (If resigned, enter r | tered agent and registe | | | |
| | UNITED STATES CORPORATIO | N AGENTS, INC. | | | |
| | 5575 S. SEMORAN BLVD SUITE | 36 | | | وشنا |
| | ORLANDO, FL 32822 | | | | .: ₃ |
| 6. The name and (if changed): | i street address of the new registere | d agent (if changed) z | and /or registered | | म् अ |
| | Registered Agents Inc. | | | • | Pii 2: (|
| | 7901 4th Street N. Stc 300 | | | | |
| | St. Petersburg, FL 33702 | P.O. Box. NOT acceptable | ******* | | 0 |
| The street addre | ess of its registered office and the beidentical. | street address of the l | business office o | of its registered ag | gent, |
| Such change wa authorized by th | as authorized by resolution duly ac board, or the corporation has be | dopted by its board or en notified in writing | f directors or by of the change. | an officer so | |
| 寸 | rom Grossman | | Grossman, | | |
| = | re of an officer of director | | inted or typed name a | | — |
| I hereby accept I further agree t of my duties, an document is bei corporation has | the appointment as registered age to comply with the provisions of all d am familiar with and accept the filed merely to reflect a change been notified in writing of this ch | ent and agree to act i il statutes relative to se obligation of my po in the registered off sange. 7-27-20 | n this capacity. the proper and costition as registe ice address, I he | complete perform ered agent. Or ij ereby confirm that | ance f this t the |
| Şıgı | nature of Registered Agent | | Date | | — |
| If signing on be | half of an entity: | | | | |
| Bill Havre, Assis | tant Secretary | • | | | |
| Ty | ped or Printed Name | | | | |
| | * * * FILIN | G FEE: \$35.00 * * | * | | |

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CR2E045 (04/13)

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