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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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REGISTERED AGENT CHANGE FOR THE LOVE OF ANIMALS, INC.

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

	•	17.0502, 607.1508, or 617.1508, Florid organized under the laws of the State o	
-	••	registered agent, or both, in the State of	
1. The name of	the corporation: FOR THE LOVE C	OF ANIMALS, INC.	
	d office address: 8140 HAWTHORN		· · · · · · · · · · · · · · · · · · ·
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 03/06/2017	Document number: N1700	00002306
	nd street address of the current regist artment of State: (If resigned, enter r	tered agent and registered office on file resigned)	with the
	UNITED STATES CORPORATION	ON AGENTS, INC.	_
	5575 S. SEMORAN BLVD.	SUITE 36	<u></u>
	ORLANDO,, FL 32822		
6. The name ar (if changed):	2	ed agent (if changed) and /or registered	office
	Registered Agents Inc.		
	7901 4th St N STE 300		R - 5
		ox NOT acceptable	
	St. Petersburg FL 3370	2	- 1
The street addras changed wil	ress of its registered office and the II be identical.	street address of the business office of	its registered agent.
Such change wanthorized by t	vas authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by a seen notified in writing of the change.	an officer so
SARA.	DIR HARM	SARA ZARGARAN -PD Printed or typed name and	title
I hereby accep I further agree performance o	of the appointment as registered ago to comply with the provisions of a of my duties, and I am familiar with	ent and agree to act in this capacity. It statutes relative to the proper and co and accept the obligation of my positi to reflect a change in the registered of ified in writing of this change.	omplete ion as registered fice address, l
Bel Have		3/09/2021	
Si	gnature of Registered Agent	Date	
	ehalf of an entity:		
Bill Havre	Tuesday Deiglad Viver		
	Typed or Printed Name * * * FILIN	G FEE: \$35.00 * * *	
		. C. a assist wooden	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)