

N17000010559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

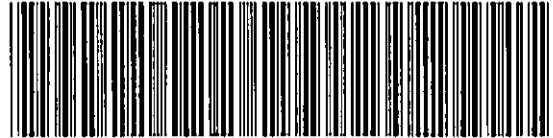
(Business Entity Name)

(Document Number)

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MAY 11 2020
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All For The Critters, Inc.
Name of Corporation

DOCUMENT NUMBER: N17000010559

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:

Suzanne M Bonnell

Name of Contact Person

All For The Critters, Inc.

Firm/Company

901 W. Ventura Ave.

Address

Clewiston FL 33440

City/State and Zip Code

allforthecritters@yahoo.com

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

For further information concerning this matter, please call:

Suzanne M Bonnell

Name of Contact Person

at (863) 983-9145

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 04 30 11:09
FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2020

SUZANNE M. BONNELL
901 W. VENTURA AVE
CLEWISTON, FL 33440

SUBJECT: ALL FOR THE CRITTERS, INC.
Ref. Number: N17000010559

We have received your document for ALL FOR THE CRITTERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 420A00008998

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: All For The Critters, Inc.
2. The principal office address: 901 W. Ventura Ave. Clewiston, FL. 33440
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/20/2017 Document number: N170000105559
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)

Resigned

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

Suzanne M Bonnell

901 W. Ventura Ave.

P.O. Box NOT acceptable

Clewiston, FL. 33440

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

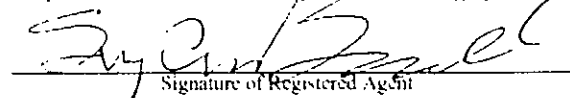
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Suzanne M Bonnell Owner / registered agent

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 of Registered Agent

4/11/2020

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 (04/13)