

N180000007395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: Batman4Paws Inc.
Name of Corporation

DOCUMENT NUMBER: N18000007395

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:

Chris Van Dorn

Name of Contact Person

Batman4Paws Inc.

Firm/Company

6419 Hidden Dale Ave.

Address

Orlando/Florida/32819

City/State and Zip Code

Batman4Paws@gmail.com

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

For further information concerning this matter, please call:

Chris Van Dorn

Name of Contact Person

at (407) 4968740

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

**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: Batman4Paws Inc.

2. The principal office address: 6419 Hidden Dale Ave, Orlando, FL, 32819

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/05/2018 Document number: N18000007395

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)

REGISTERED AGENTS INC. 7901 4TH ST N #300

ST PETERSBURG, FL 33702

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

Chris Van Dorn

6419 Hidden Dale Ave, Orlando, Florida, 32819

P.O. Box NOT acceptable

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 authorized by the board, or the corporation has been notified in writing of the change.

Chris Van Dorn

Signature of an officer or director

Chris Van Dorn, President

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.

Chris Van Dorn

Signature of Registered Agent

02/01/2021

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

CR21045 (04/13)