i

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

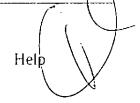
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## REGISTERED AGENT CHANGE MUTTY PAWS RESCUE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

	•	102, 607,1508, or 617,1508, Florida Statutes, this unized under the laws of the State of Florida	
in orde	r to change its registered office or regis	stered agent, or both, in the State of Florida.	
I. The name of t	he corporation: Mutty Paws Rescue Inc.		
2. The principal	office address:		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/23/19	Document number: N19000011194	
	I street address of the current registered trnent of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	MILLER, ASHLEY N		
	416 Arabian Rd.	2024 MAR	
	PALM SPRINGS, FL 33461		, 12 , 12 , 12
6. The name and (if changed):	street address of the new registered ag		00 :6 WW 8: 00
	Registered Agents Inc		ë ë
	7901 4th St N STE 300	, <u>.</u>	0
	P.O. B	ox NOT acceptable	
	St. Petersburg FL 33702		
The street addre	ess of its registered office and the stree be identical.	t address of the business office of its registered a	igent,
Such change wa authorized by th	is authorized by resolution duly adopto the board, or the corporation has been n	ed by its board of directors or by an officer so officed in writing of the change.	
Rubia	~ www	Robin Jones, filing incorporator Printed or Typed name and title	
	•		*******
hereby accept further agree to f my duties, an document is beil corporation has	the appointment as registered agent a o comply with the provisions of all stad I am familiar with and accept the obay filed merely to reflect a change in the been notified in writing of this change.	nd agree to act in this capacity. tutes relative to the proper and complete perforn ligation of my position as registered agent. Or, he registered office address, I hereby confirm tha e.	nance if this at the
] )avid X	Loberts .	03/08/2024	
A. A.	viture of Registered Agent	Date	<del></del>
If signing on be	half of an entity:		
David Roberts			
Ту	ped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*