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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number : (855)330-1010

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

Address:			

## REGISTERED AGENT CHANGE HUNTER'S VILLAGE RESCUE INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	provisions of sections 607.0502, 617.056 inge is submitted for a corporation organ ir to change its registered office or regist	tized under the laws of the State of Flo	orida			
1. The name of	the corporation: HUNTER'S VILLAG	E RESCUE INC.				
	office address: 2714 Talova Drive					
3. The mailing a	address (if different): 2714 Talova Dri	ve Orlando FL 32837				
	poration/qualification: 05/18/2020		)05333			
	l street address of the current registered a rtment of State: (If resigned, enter resign		) the			
	UNITED STATES CORPOR	RATION AGENTS, INC.				
476 RIVERSIDE AVE.						
	JACKSONVILLE, FL 32202	)	2023 HAY 17			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Registered Agents Inc		AH 9: OF ST			
	7901 4th St N STE 300		29 Ale			
	P.O. Box NOT acceptable St. Petersburg FL 33702					
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its	registered agent,			
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	I by its board of directors or by an ol tilied in writing of the change.	fficer so			
Signatu	re of an other or director	Kathryn Aguirre - President				
l furthèr agrée of my duties, ar document is bei	the appointment as registered agent an to comply with the provisions of all stat ad I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change.	utes relative to the proper and comp igation of my position as registered of e registered office address, I hereby	lete performance agent. Or, if this confirm that the			
David Schools		5/17/2023				
Sig	nature of Registered Agent	Date				
If signing on be	chalf of an entity:					
David Rob						
I	yped or Printed Name * * * FILING FE	`F · \$35 00 * * *				
	1 1121( 7X) 1 1)	ARAT WATEROOF				

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (04/13)