N21000006417

(Re	questor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP		MAIL		
				
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(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Guardians of Florida Animal Rescue, Inc. Name of Corporation	•		
DOCUMENT NUMBER: N21000006417			
The enclosed Statement of Change of Registered (Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Dana Bursch			
Name of Contact Person			
Firm/Company 470 S Heathwood Drive			
Address Marco Island, FL 34145			
City/State and Zip Code			
admin@gofar.dog E-mail address: (to be used for future annual r	eport notification)		
For further information concerning this matter, ple	ease call:		
Dana Bursch	at (630) 650-1849		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the D	epartment of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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

		617.0502, 607.1508, or 617.1508, Florida S		
		ion organized under the laws of the State of Y or registered agent, or both, in the State of F		
		orida Animal Rescue, Inc	ioriua.	
2. The principal	10012 Gulf Cente	er Drive, Suite 5-122, Fort Myers, FL 33913		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 4/30/21	on/qualification: 4/30/21 Document number: N21000006417		
5. The name and Florida Depar	d street address of the current regrentered, ento	gistered agent and registered office on file with resigned)	ih the	
	Sherri-Lee Mercuri			
	3872 Riviera Circle			
	Bonita Springs, FL 34134			
6. The name and (if changed):	I street address of the new regista	ered agent (if changed) and /or registered offi	37717-6	
	Dana Bursch	•	7	
	470 S Heathwood Drive		3 P	
	P.O. Box NOT ecceptable			
	Marco Island, FL 34145		FE 0	
The street addre	ss of its registered office and the	e street address of the business office of its	registered agent,	
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so	
m	rai	Sherri-Lee Mercuri, President		
Signatur	o of an olliper or director	Printed or typed name and title		
l hereby accept if I further agree to of my duties, and document is bein corporation has	the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notifled in writing of this	gent and agree to act in this capacity. All statutes relative to the proper and comp the obligation of my position as registered the in the registered office address, I hereby change.	plete performance agent. Or, if this confirm that the	
C/ im	Buse of Registered Agont			
If signing on bel	ualf of an entity:			
Dana Bursch	·-·· -— y -			
Ту	ped 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)