## N23 000012716

(Requestor's Name)			
(Address)			
, , , , , , , , , , , , , , , , , , , ,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Cartified Conies Cortificates of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
-			

Office Use Only



000429165770

05/07/24--01021--002 \*\*35.00





## COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE Name o	ECT: Animal Assistance of Corporation	e International Inc.
DOCU	MENT NUMBER: N23000	012716
The en	closed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Ri	chard Bustos of Contact Person	s matter to the following:
Firm/C	Company	
54 Addres	6 NW 117 Ter	—————————————————————————————————————
Coro	Al Springs, FL 3 tate and Zip Code	3071
		os.rb@gmail.com al report notification)
For fur	ther information concerning this matter,	please call:
Ric	Name of Contact Person	at ( 405 ) 410 9504 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## 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: Animal Assistance International Inc.
2. The principal office address: 546 NW 118 Ter, Coral Springs
FL 33071
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/20/2023 Document number: N 23 000 012 716
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)
Legal Corp Solutions LLC
Hallywood Blvd. Suite 415
Hollywood, FL 33021
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Richard Bustos
CD CD
546 NW 118 Tex P.O. Box NOT acceptable
Coral Springs FL 33071
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.
Richard Bustos  Signature of an officer or director  Richard Bustos  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.
Kelenne Buston 04/30/2024 Signature of Registered Agent 04/30/2024
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)