## N94000005254

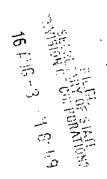
	Requestor's Name)
(.	Address)
(	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
Special Instructions	to Filing Officer:





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AUS 15 2116 CANCHAIR

## **COVER LETTER**

TO: Amendment Section Division of Corporations  SURJECT: Spile One STRAIGE TAGE
SUBJECT: SAVE OUR STRAYS INC. Name of Corporation
DOCUMENT NUMBER: <u>N94 0000 5254</u>
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:
ELIZABETH Thompson Name of Contact Person
SAVE OUR STRAYS INC.
P.O. Box 1051 Address
SAFETY HARBOR FL 34695 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sligabeth Shorepson at (727) 481-5262  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Street Address:  Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

**Clifton Building** 

CR2E045 (03/12)

## 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 FIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SAVE OUR STRAYS, INC.
2. The principal office address: 2495 MADRID AVENUE
SAFETY HARBOR, FL 34695
3. The mailing address (if different): P. O. Box 1051
SAFETY HARBOR, FL 34695
4. Date of incorporation/qualification: 10/24/94 Document number: N94 00005254
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)
LINDA HARTNETT
2495 MADRID Ave,
SAFETY HARBOR, FL 34695
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ELIZABETH Thompson
3223 SAN JOSE 5+ P.O. Box NOT acceptable
CLearwater, FL 33759
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.
Signature of an officer or director  LINDA HARTNETT TREASURER  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.
Lligabeth Thompson 7-30-16 Signature of Registered Agent Date
If signing on behalf of an entity:
ELIZABETH Thompson

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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