

PRODUCED

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

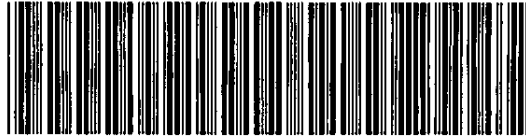
(Document Number)

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12/09/15--01022--008 **10.00

11/19/15--01006--016 **25.00

FILED
15 DEC -9 AM 4:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

R/A Chg

DEC 10 2015

EX. 10/11/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2015

ADAM DWORKIN
2240 WOOLBRIGHT RD STE 406
BOYNTON BEACH, FL 33426

SUBJECT: PET LOVERS PET SITTING INC.
Ref. Number: P00000079478

We have received your document for PET LOVERS PET SITTING INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 615A00024696

RECEIVED
15 DEC -7 PM 3:38

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pet Lovers Pet Sitting Inc.
Name of Corporation

DOCUMENT NUMBER: P00000079478

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:

Adam Dworkin
Name of Contact Person

AKD Consultants
Firm/Company

2240 Woolbright Rd. Suite 406
Address

Boynton Beach, FL 33426
City/State and Zip Code

adam@akdconsultants.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Dworkin at (561) 767-3020
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Pat Lewis Pol Siding, Inc.
2. The principal office address: 12574 Bayview Road
Locust Grove, FL 33470
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/16/2000 Document number: PC0000079478
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)
Beth Crowell
935 Townhill Avenue Suite 1
Jupiter, FL 33458

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Adam Dworkin
2240 Woodhurst Road Suite 406
P.O. Box Not acceptable
Bonita Beach, FL 33426

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.

Carole Chapuis
Signature of an officer or director

Carole Chapuis President
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.

[Signature]
Signature of Registered Agent

12/1/15
Date

If signing on behalf of an entity:

Adam Dworkin
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
CR20045-003.12)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA