

P010000060419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

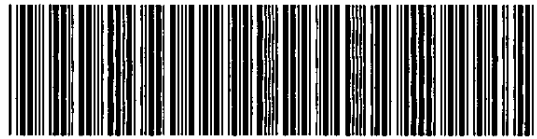
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

SEP 16 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FEATHERED FRIENDS, INC.
Name of Corporation

DOCUMENT NUMBER: P01000060419

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:

ANTONIO VALDES
Name of Contact Person

FEATHERED FRIENDS, INC.
Firm/Company

20180 SW 188 Street
Address

Miami, FL 33187
City/State and Zip Code

avaldes4@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH MANSO at (786) 252-4199
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2009

ANTONIO VALDES
FEATHERED FRIENDS, INC.
20180 SW 188 ST
MIAMI, FL 33187

SUBJECT: FEATHERED FRIENDS, INC.
Ref. Number: P01000060419

We have received your document for FEATHERED FRIENDS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 109A00029675

RECEIVED
2009 SEP 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FEATHERED FRIENDS, INC.

2. The principal office address: 4315 NW 7TH STREET, #8
MIAMI, FL 33126

3. The mailing address (if different): 20180 SW 188 STREET, MIAMI, FL 33187

4. Date of incorporation/qualification: 6/18/01 Document number: P01000060419

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)

ANTONIO VALDES
418 E 21 STREET
HIALEAH, FL 33013

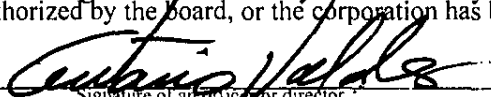
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANTONIO VALDES
20180 SW 188 STREET
MIAMI, FL 33187

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TALLAHASSEE, FLORIDA

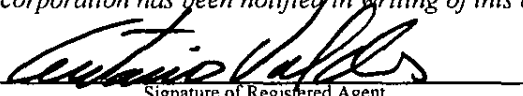
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ANTONIO VALDES
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 of Registered Agent

09/10/2009
Date

If signing on behalf of an entity:

ANTONIO VALDES
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