OCU . Entity Nar	JMENT #	P01000	0088126			·			Dilebus
•	DOG YOGA, IN	NC.				·		ř	P
				رست حسار		FILED			
Principal Pla	ace of Business	·	Mailing Address				•		
	2525 CHEVAL STREET #106 ORLANDO_FL_32828		2525 CHEVAL STREET #106 ORLANDO FL 32828			02 FEB 22 PH 4: 05			
2. Principal Place of Business 2525 Cheval 57			3. Mailing Address 2525 Che	wal 57	50	t 100ks00 (ki 00k0) sigit 00ks 00ks 00ks 00ks 00ks	TENTOS PROPERTICION	riair aist ibbt	
Suite, Apt. #.,etc.			Suite, Apt. #, etc. #- 106			. DO NOT WRITE IN THIS	SPACE		
City & Sta	ate DRIANDO	FL	Cinx & State ORLando	PL	4.	FELNUMBER 3748654		oplied For of Applicable]
Zip 32	828 ()	try A	Zip 32828	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional ed	
		dress of Current Re	egistered Agent	Name	7.	Name and Address of New Registered	Agent		1
FLYNN, LUZ ANN				Street Ad	dress (P.O.	Box Number is Not Acceptable)			-
2525 CHEVAL STREET #106 ORLANDO FL 32828				\					{
	0 1 2 02020			City	·	FI	Zip Cod	e	1
8. The above	e named en in submit	s this statement for the	he purpose of changing its	registered office or r	egistered a	gent, or both, in the State of Florida.	- 1,		1
SIGNATURE	SHOW								
/	The grant perfor printed r	name of registered agent and	title if applicable. (NOTE	: Registered Agent signature	required when	reinstating) DATE			
9. This co-poration is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Star		0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
11	7	OFFICERS AND DI		12.	Al	DDITIONS/CHANGES TO OFFICERS AN			1=
TITLE 💍	DPST Flynn, Luz ann]	☐ Delete	NAME			☐ Change	Addition	(10/6)
STREET ADDRESS	DESE CHEVAL ST	REET #106		STREET ADDRESS CITY-ST-ZIP					CR2E034
CITY-ST-ZIP	ORLANDO FL 32	328		1			Change	Addition	1 ~~
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trublee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment wito an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF

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