

PO2000059538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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09/11/07--01031--011 **315.00

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DIVISION OF CORPORATIONS
2007 SEP 11 AM 11:11

As 9/12/07
NA/WD

TERRY MCDAVID
ATTORNEY AT LAW
178 SE HERNANDO AVENUE
LAKE CITY, FLORIDA 32025

MAILING ADDRESS
POST OFFICE BOX 1328
LAKE CITY, FLORIDA 32056-1328

September 10, 2007

TELEPHONE: 386-752-1896
FAX: 386-752-8905

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please file the following documents:	<u>Fee</u>
Re: THE SEASHELL CORPORATION	
1. Resignation of Registered Agent	87.50
2. Resignation of Officer/Director	35.00
3. Change of Registered Agent	35.00
Re: PUPPY DOG TAILS, INC.	
4. Resignation of Registered Agent	87.50
5. Resignation of Officer/Director	35.00
6. Change of Registered Agent	<u>35.00</u>
Total	\$315.00

My check in the amount of \$315.00 is enclosed. Please return all correspondence concerning these matters to the undersigned.

Sincerely yours,



Terry McDavid

TM/db

Enclosures

**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: Puppy Dog Tails, Inc.
2. The principal office address: 522 NW Turner Avenue
Lake City, FL 32055
3. The mailing address (if different): P.O. Box 2124
Lake City, FL 32056
4. Date of incorporation/qualification: 5/29/02 Document number: P02000059538
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Robert W. Turbeville

174 NW Venice Glen

Lake City, FL 32055

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

Angela M. Turbeville

522 NW Turner Avenue

(P.O. Box NOT acceptable)

Lake City, FL 32055

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)

Angela M. Turbeville, 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 of Registered Agent)

9-10-07
(Date)

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 (8/05)

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