## FILED Jun 05, 2003 8:00 am Secretary of State 05-01-2003 90809 026 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	1. Entity Nan	IMENT # <b>P02000068</b> DPLE PET GROOMING, INC							
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   City & State	1273 PENMA	UN ROAD	1273 PENMAN ROAD	FL 32250	)		•	5504642	20
City & State  Country  Country  S. Certificate of Status Deserted  See The Status Cleared  See The State of Country  S. Certificate of Status Deserted  See The State of Country  S. Certificate of Status Deserted  See The State of Country  S. Certificate of Status Deserted  See The State of Country  S. Certificate of Status Deserted  See The State of Country  S. Certificate of Status Deserted  See The State of State of Country  S. Certificate of Status Deserted  See The State of State of State of See The See The State of See The See T	2. Principal F	Place of Business	3. Mailing Address						
Zip Country	Suite, Apt. 4, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
Zip Country Zip Country 5, Certificate of Stratus Deared Status Deared 5, State Address of Country Freg Interest Agent 7, Name and Address of New Registered Agent 8, State Address of Name and Address of New Registered Agent 8, State Address of Name and Address of New Registered Agent 8, State Address of Name and Address of Name Address of N	City & State City & State		City & State			4. FEI Num			
### Control Address of Current Registered Agent  ### WESTBERRY, KATHERINE  Super Address (F.O. Box Number is Not Acceptable)    City	Zip	Country	Zip	Count	ury .	5. Certificat		□ \$8.75 A	dditional
WESTBERRY, KATHERINE Street Address (F.O. Box Number Is Not Acceptable)  Street Address (F.O. Box Number Is Not Acceptable)  Street Address (F.O. Box Number Is Not Acceptable)  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the objected registered agent, or both, in the State of Rorida. I am familiar with, and accept the objected registered agent, or both, in the State of Rorida. I am familiar with, and accept the objected registered agent, or both, in the State of Rorida. I am familiar with, and accept the objected registered agent, or both, in the State of Rorida. I am familiar with, and accept the objected registered agent, or both, in the State of Rorida. I am familiar with, and accept the objected registered agent, or both, in the State of Rorida. I am familiar with, and accept the objected registered agent, or both, in the State of Rorida. I am familiar with, and accept the objected registered agent, or both, in the State of Rorida. I am familiar with, and accept the purpose of changing its registered discourse registered agent, or both, in the State of Rorida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the purpose of Rorida. I am familiar with, and accept the purpose of Rorida Rorid		6. Name and Address of Current	Registered Agent	╩┸╼╌╌	<del>`</del>	7. Name an	d Address of New Reg		100
B. The above named enjoy submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida.    International Professional	2995 LANT/	ANÁ LAKE DRIVE			BRYCE				
B. The above named enjoy submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida.    International Professional	•	• • • • • • • • • • • • • • • • • • • •		.	CIN			F=1 Zin Co	<u></u>
THE CONTROL BEACH, FL 32260  SIGNATURE  SIGN							<u> </u>		
After May 1 2003 Fee will be SECO 0. See will be SECO 0. See will be SECO 0. See will be SECO 1. See will be Secon 1.	the obligat	Signature, Styles or pringer curre of explanent agent		Kati	$\sim$	VOET P	res.	× 4/30/5	3
TITLE MANNE WESTBERRY, KATHERINE STREET ADDRESS CITY-ST-2P  TITLE SCHOOLSS STREET ADDRESS CITY-ST-2P  TITLE SCHOOLSS STREET ADDRESS CITY-ST-2P  TITLE SCHOOLSS CITY-ST-2P  TITLE STREET ADDRESS STREET	Are Make Crieck	May 7,2003 Fee will be \$550 00 Payable to Ffor da Department					rust Fund Contribution.	Adde	ed to Fees
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12. I hereby certify that the information supplied with this filting 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 tild chapters. With all softens with all other like empowered.	NAME STREET ADDRESS CISY-51-21P			NAME STREE City-:	t address st-21P				_
City Brown and a supply remaining the supply remain	<ol> <li>12. I hereby of indicated of the conchanged,</li> </ol>	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachine of with an address, v	this filing does not qualify k true and accurate and that wered to execute this repor with all other like empowered	or the exeminate the signature of the si	nption stated in Se ire shall have the ed by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statui	(i), Florida Statutes, I fur ct as if made under oath es; and that my name ap	ther certify that the n; that I am an office opears in Block 10 c	Information or or director or Block 11 if