P03000104216

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	<u>#</u>
(O)	d) Otates Elph Holle	π)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Paws & Claws Pet Sitting Inc. (Name of corporation)		
DOCUMENT NUMBER: PO 3000 104216		
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:		
Onn Farber (Name of person)		
Paws C Claws Pet Sitting (Name of firm/company)		
PO Box 291133 (Address)		
Ft. CauderDale Fl 33329 (City/state and zip code)		
For further information concerning this matter, please call:		
Onn Farber at 954 290 5249 (Name of 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 409 E. Gaines Street Tallahassee, FL 32399

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 greatized under the laws of the State 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.
to change as registered office of registered agent, or both, in the state of Fioraux.
1. The name of the corporation: Towns & Claus Let Sitting Inc.
2. The principal office address: 6750 Greene St. Hollywood Fl 33024
3. The mailing address (if different): PO Box 29/153 Ft. hurlandals Fl 33339
4. Date of incorporation/qualification: 9/23/03 Document number: P03000104216
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
<u>Unn tarber</u>
2700 81,74 Way #126117
Cl 320011
- Jane +1 3004 - 15 = 1
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
an tarber
12-20 (1)
(P.O. Box or personal mailbox NOT acceptable)
18 11 Q E1 33024
- 40119 wood 1-1 3302 1
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.
Ann Facher owner president
(Signature of an officer of director) (Printed or types marke and fine)
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.
The love
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
THE THE THE TRUE OF SALES

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314