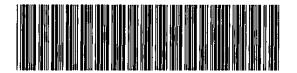
## PO 40000 33488

(Requ	estor's Name)		
(Addre	ess)	. =-	
(Address)			
(Cit. (C	Naka (Zin /Dla	т.	
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bùsin	ess Entity Nam	e)	
(Docu	ment Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Fili	ng Officer:		

Office Use Only



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KHA BAChOUCE

## **COVER LETTER**

TO:Amendment Section	AND THE RESIDENCE OF THE STATE		
Division of Corporations	Control from the Control of the Cont		
SUBJECT: SHAMPOOCH PET GROOMING 8	SUPPLIES INC		
(Name of Corp	oration)		
DOCUMENT NUMBER: P6000033488			
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
JASON M GORDON			
(Name of Contact Person)			
GORDON & CORNELL			
(Firm/Com	pany)		
103 NORTH ATLANTIC AVENUE (Addres			
. (Addies	5)		
COCOA BEACH, FLORIDA 32931			
(City/State and 2	Zip Code)		
For further information concerning this matter, please call	:		
JASON M GORDON	at ( 321 ) 799-4777		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Departme	ent of State.		
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
(unanassee, 1 & 32514	Tallahassee, FL 32301		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, thi ized under the laws of the State of Florida	S	
		ered agent, or both, in the State of Florida.		
1. The name of	the corporation: SHAMPOOCH PET GRO	DOMING & SUPPLIES, INC.		_
2. The principal	office address: 2417 N. COCOA BLVD.,	COCOA, FL 32922	<u> </u>	
3. The mailing a	address (if different):			_
4. Date of incor	poration/qualification: 03/07/06	Document number: P6000033488		
	d street address of the current registered a rtment of State:	gent and registered office on file with the		
	PENNIE M. HITT			
	4689 FRIDAY CIRCLE	•		
	COCOA, FL 32926			
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	06	
	DAVE BENNETT	ALCRI	e S	
	230 SPARTAN ROAD	IIII ASSA		П
	(P.O. Box NOT acceptable)	) HO	<b>-</b>	T
	MAITLAND, FL 32751		圣 (	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registere	d agent,	
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.		
Cowe	Dennett	DAVE BENNETT		
I further agree of my duties, an document is bei	ure of an officer of director)  the appointment as registered agent an to comply with the provisions of all stat nd I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change.	utes relative to the proper and complete perfo igation of my position as registered agent. O e registered office address. I hereby confirm	ormance or if this that the	
Name	Dennett	AUGUST 252006		
	gnature of Registered Agent)	(Date)		
DAVE BENN	•			
	Typed or Printed Name)			

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

\* \* \* FILING FEE: \$35.00 \* \* \*