## P070000888/0

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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09/19/13--01006--006 \*\*35.00



Q Jul 13

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Lucky Dogs Enterprises, Inc. Name of Co	rporation
DOCUMENT NUMBER: P07000088810	
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:
· -	-
Jeannine Gonyon	
Name of Con	act Person
Lucky Dogs Enterpri	isas Inc
Lucky Dogs Enterpri Firm/Con	прапу
3121 Mulberry Par	k Blvd
Addre	
Tallahassee, FL 32	
City/State and	l Zip Code
jgonyon@gmail.com	
E-mail address: (to be used for fu	ture annual report notification)
	-
For further information concerning this matter, please co	all-
tor maner information concerning this matter, pieuse et	ш.
Jeannine Gonyon	at ( 850 ) 559-4210
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departs	ment of State
Enclosed is a 353.00 check made payable to the Depart	nem of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

TO:

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

statement of chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of F Lorida
in order t	o change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Lucky Dogs Enterprises, Inc
2. The principal of	ffice address: 415 St Francis St. Unit 113, Tallahassee, FL 32301
3. The mailing add	dress (if different):
4. Date of incorpor	ration/qualification: 8/7/2007 Document number: P07000088810
	treet address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned)
	NRAI SERVICES, INC.
	1200 South Pine Island Road
_	Plantation, FL 33324
6. The name and s (if changed):	treet address of the new registered agent (if changed) and /or registered office.
	Jeannine Gonyon
	3121 Mulberry Park Blvd
_	P.O. Box NOT acceptable
_	Tallahassee, FL 32311
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	Daniel Wester, President
I hereby accept th I further agree to performance of m agent. Or, if this hereby confirm th	Printed or typed name and title  re appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete y duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I at the corporation has been notified in writing of this change.  Autority:  Date
Type	ed or Printed Name

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