## P09000050946

| (Re                                     | equestor's Name)  |             |  |
|---|-------------------|-------------|--|
| (Ac                                     | ldress)           |             |  |
| (Ac                                     | ldress)           |             |  |
| (Cit                                    | ty/State/Zip/Phon | e #)        |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |
| (Business Entity Name)                  |                   |             |  |
| (Document Number)                       |                   |             |  |
| Certified Copies                        | Certificates      | s of Status |  |
| Special Instructions to Filing Officer: |                   |             |  |
|   |                   | :           |  |
|   |                   | :           |  |
|   |                   |             |  |

Office Use Only



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10/22/09--01020--016 \*\*35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

RD (11) 8 / 09

## **COVER LETTER**

| Division of Co           | orporations                            |                                 |                        |
|--------------------------|--|---------------------------------|------------------------|
| No.                      |  |                                 |                        |
| SUBJECT:                 | COLLINS PET G                          |                                 |                        |
| <del></del>              | Name of                                | Corporation                     |                        |
| DOCUMENT NUME            | BER:P0                                 | 9000050946                      |                        |
| The enclosed Statemen    | nt of Change of Registered Off         | ice/Agent and fee are subm      | itted for filing.      |
| Please return all corres | spondence concerning this mat          | ter to the following:           |                        |
|                          |  |                                 |                        |
| <del></del>              |  | NA HIEDRA<br>Contact Person     |                        |
|                          | Name of C                              | ontact reison                   |                        |
|                          | COLLINS PET                            | GROOMING INC                    |                        |
|                          |  | Company                         |                        |
|                          |  |                                 |                        |
|                          |  | INS AVENUE                      |                        |
|                          | At                                     | idress                          |                        |
| ~ } <sub>*-</sub>        | MIAMI REACH                            | FLORIDA 33141                   |                        |
|                          | City/State                             | , FLORIDA 33141<br>and Zip Code | <del></del>            |
| ,                        | INFO@PETGE                             | ROOMING.COM                     |                        |
| E-                       | mail address: (to be used for          |                                 | ification)             |
|                          |  |                                 |                        |
| For further information  | n concerning this matter, please       | e call:                         |                        |
| ALBER MAURI              | CIO RODRIGUEZ                          | at ( 786 )                      | 314-2924               |
|                          | of Contact Person                      |                                 | time Telephone Number  |
| Enclosed is a \$35,00 c  | heck made payable to the Depa          | artment of State                |                        |
| Ellelosed is a \$55.00 c | neek made payable to the Dep           | armon or orare.                 |                        |
|                          | Mailing Address:                       | Street Address<br>Amendment S   | <u>s:</u>              |
|                          | Amendment Section                      |                                 |                        |
|                          | Division of Corporations P.O. Box 6327 | Division of C<br>Clifton Build  | •                      |
|                          | Tallahassee, FL 32314                  |                                 | ng<br>ve Center Circle |
|                          | 1 anunussee, 1 L 52517                 | Tallahassee, l                  |                        |

TO: Amendment Section

## $^{\bullet}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.150 statement of change is submitted for a corporation organized under in order to change its registered office or registered agent   | r the laws of the State of FLORIDA   |
|--|--|
| 1. The name of the corporation: COLLINS PET GROOM  | ING INC  |
| 2. The principal office address: 7441 WAYNE AVENUE, MI   | AMI BEACH, FLORIDA 33141   |
| 3. The mailing address (if different):   |  |
| 4. Date of incorporation/qualification:JUNE 10, 2009Doc  | ument number: P0900050946  |
| 5. The name and street address of the current registered agent and re Florida Department of State: (If resigned, enter resigned)   | egistered office on file with the  |
| MACARENA HIEDRA  |  |
| 300 -71ST STREET #301  |  |
| MIAMI BEACH, FLORIDA 33141   |  |
| 6. The name and street address of the new registered agent (if change (if changed):  | ged) and /or registered office   |
| MACARENA HIEDRA  |  |
| 7441 WAYNE AVENUE  |  |
| P.O. Box NOT acceptable  |  |
| MIAMI BEACH, FLORIDA 33141   |  |
| The street address of its registered office and the street address of as changed will be identical.  | f the business office of its registered agent,   |
| Such change was authorized by resolution duly adopted by its be authorized by the board, or the corporation has been notified in v   | oard of directors or by an officer so writing of the change.   |
| Signature & an officer or director   | CARENA HIEDRA, PRESIDENT Printed or typed name and title   |
| I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes related of my duties, and I am familiar with and accept the obligation of document is being filed merely to reflect a change in the register corporation has been notified in writing of this change. | o act in this capacity.  ive to the proper and complete performance  my position as registered agent. Or, if this  red office address, I hereby confirm that the |
|  | 10/15/2009   |
| Signature of Registered Agent  | Date   |
| If signing on behalf of an entity:   |  |
| MACARENA HIEDRA Typed or Printed Name  |  |
| * * * FILING FEE: \$35.0   | 0 * * *  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)