

Feb 08 2017 12:25 Triad 770220-1943

Division of Corporations

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : TRIAN PROFESSIONAL SERVICES COA
Account Number : I20160000009
Phone : (770) 777-2091
Fax Number : (770) 220-1943

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Please enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

R. WHITE Email Address: jbaden@triadpros.com

**REGISTERED AGENT CHANGE
SOUTHERN COAST K9, INCORPORATED**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Southern Coast K9, Incorporated

2. The principal office address: 690 META LANE
NEW SMYRNA BEACH, FL 32168

3. The mailing address (if different):

4. Date of incorporation/qualification: 8/12/2010 Document number: P10000066876

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HEISER, MARGUERITE L

690 META LANE

NEW SMYRNA BEACH, FL 32168

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

1200 S. PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

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.

/s/M. Todd Holt

Signature of an officer or director

M. Todd Holt

Printed or typed name and title

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.

Kristen Bohm
Signature of Registered Agent

2-6-2017

Date _____

If signing on behalf of an entity:

Kristen Rahm, Asst Secretary to NRAI

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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