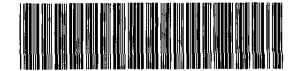
## P1400003772

(Requestor's Name)
VanDeVoorde Hall Law, P.L.
Sebastian, Florida 32958
(City/State/Zip/Phone #)
(City/State/Zip/Fnone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

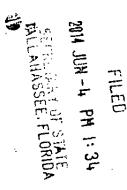
Office Use Only



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06/04/14--01019--007 \*\*35.00

RA change



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FOUR DOGS ENTERPRISE INC.  Name of Corporation
DOCUMENT NUMBER: P 4000003772
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:
LEO SLECTON  Name of Contact Person
FOUR DOGS ENTERPRISE INC.
125 KIRK HILL RD
DECTONA FL. 32738  City/State and Zip Code
Sectons @ gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LEO SCECTON at (386) 315-4478  Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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 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.
1. The name of the corporation: FOUR DOGS ENTERPRISE INC.
2. The principal office address: 125 KIRK HILL ROAD
DELTONA FL. 32738
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/13//4 Document number: P1400003772
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)
EXECUTIVE MANAGEMENT SOLUTIONS
3371 OAKMONT TERRACE
LONGWOOD FL 32779
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LEO SLECTON
125 KIRK HILL RD
P.O. Box NOT acceptable  DELTONA FL 32738
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.
Signature of an officer of director TRACE   SIECTON DESIDENT
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.
Signature of Registered Agent 5/28/14  Dete
If signing on behalf of an entity:
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 \* \* \*