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(((H22000002366 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number : (888)706-7274

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

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COVER LETTER

O: Amendment Section Division of Corporations
Doglagio Inc.
•
DOCUMENT NUMBER: P18000062197
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:
Zachary Ysais
Name of Contact Person
Registered Agent Solutions, Inc.
irm/Company
Corporate Center One, 5301 Southwest Pkwy, Stc 400
Address
Austin, Texas 78735
'ity/State and Zip Code
-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Zachary Ysais Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Number
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** The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

CR2E045 (04°13)

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation or to change its registered office or i	organized	under the la	ws of the State of	Florida	 -
	the corporation: Doglagio Inc.	•	agent, or vo	in, in the state by	i nortai.	
	office address: 1129 S Tamia					
	EL 04000		····			
3. The mailing a	iddress (if different):					
4. Date of incorp	poration/qualification: 7/17/201	8	_ Document	number: P180	00062197	
	I street address of the current regist timent of State: (If resigned, enter n	_	and register	ed office on file v	with the	
	Reyes, Rachel					202
	1129 S Tamiami Trail					Z JA
	Sarasota		FL	34236	_	2022 JAN -3
6. The name and (if changed):	d street address of the new registere		•	nd /or registered o	office	2022 JAN -3 AM 10: 17
	155 Office Plaza Dr.		Suite A			
	Tallahassee	P.O. Box NOT	acceptable 3230	1		
The street address changed will	ess of its registered office and the be identical.	street addr	ess of the bu	usiness office of	its registered	agent,
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	dopted by en notified	its board of I in writing	directors or by a of the change.	n officer so	
Isi Rachel R	Reyes		chel Reye		Authorized	d Person
l hereby accept I further agree of of my duties, an document is bei	e of an officer or director the appointment as registered age to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change s been notified in writing of this ch	ll statutes re obligati e in the reg	ree to act in relative to th on of my pos	he proper and co sition as revister	omplete perfor ed avent. Or.	if this
Hod	nature of Registered Agent	0	1/03/202	2		
Sig	nature of Registered Agent			Date		
If signing on be	half of an entity:					
	Assistant Secretary					
וין	yped or Printed Name * * * FILIN	G FEE: S	35.00 * * *			