

P180000 89435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

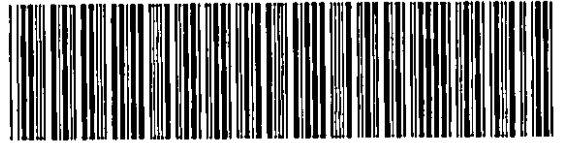
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400321164324

11/30/18--01028--013 **35.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

2018 DEC 21 P 2:23

FILED

DEC 28 2018
T. LEMIEUX

W. A. No

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Dog Pillow Company, Inc
Name of Corporation

DOCUMENT NUMBER: P18000089435

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:

Paula Savarese

Name of Contact Person

The Dog Pillow Company, Inc

Firm/Company

512 96th Ave

Address

Naples, FL 34108

City/State and Zip Code

paula@thedogpillowcompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Savarese

Name of Contact Person

at (631) 848-2810

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2018

PAULA SAVARESE
512 96 AVE
NAPLES, FL 34108

SUBJECT: THE DOG PILLOW COMPANY, INC
Ref. Number: P18000089435

We have received your document for THE DOG PILLOW COMPANY, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 018A00025087

**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: The Dog Pillow Company, Inc
2. The principal office address: 512 96th Av N, Naples FL 34108
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/26/18 Document number: P18000089435

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)

United States Corporation Agents Inc.

13302 Winding Oak Ct, A

Tampa, FL 33612

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

Paula Savarese

512 96th Ave N

P.O. Box NOT acceptable

Naples, FL 34108

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.

Paula Savarese, Pres
Signature of an officer or director

Paula Savarese, Pres
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.

Paula Savarese
Signature of Registered Agent

11/27/18

Date

If signing on behalf of an entity:

Paula Savarese

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)