

PI900002431Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

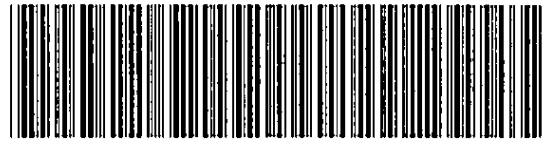
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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HANDS TO PAWS, INC.

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CLAUDIA OLSEN

(Contact Person)

HANDS TO PAWS

(Firm/Company)

3892 N LECANTO HWY

(Address)

BEVERLY HILLS, FL 34465

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA OLSEN

352-678-868

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: HANDS TO PAWS, INC.

2. (a) 3892 N LECANTO HWY (b) 3892 N LECANTO HWY

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

BEVERLY HILLS, FL 34465

BEVERLY HILLS, FL 34465

03/15/2019

P19000024312

3. Date of filing/registration in Florida

4. Document number

5. (a) MAGDALENA DELVALLE,

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3892 N LECANTO HWY

BEVERLY HILLS, FL 34465

(b) Jai Kugaraj

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Jai KUGARAJ  
Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

**FILED**  
2021 NOV 21 PM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA