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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

Email Address:____

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REGISTERED AGENT CHANGE THE VIBE_A_PET CORPORATION

Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR $_{\Phi}$ BOTH FOR CORPORATIONS

•		ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	
1. The name of the	corporation: THE VIBE_A_PET C	ORPORATION	
2. The principal of	fice address: 1404 OAK PLACE C	APOPKA, FL 32712	
3. The mailing add	ress (if different): 1404 OAK PLACE	C APOPKA, FL 32712	
4. Date of incorpor	ration/qualification: 03/25/2019	Document number: P19000026652	
	reet address of the current registere ent of State: (If resigned, enter resi	ed agent and registered office on file with the gned)	
<u>U</u>	NITED STATES CORPORATION	AGENTS, INC.	
55	5575 S. SEMORAN BLVD SUITE 36		
<u>O</u> :	RLANDO, FL 32822		
(if changed):	reet address of the new registered a	gent (if changed) and /or registered office	
_		30.4	
<u> </u>	901 4th St N STE 300 P.O. Box Y	VOT acceptable	
<u>s</u>	t. Petersburg FL 33702		
The street address as changed will be	of its registered office and the streidentical.	eet address of the business office of its registered agent,	
Such change was a authorized by the b	outhorized by resolution duly adop coard, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
Angel Tira	ido	Angel Tirado, P	
I hereby accept the I further agree to c performance of my agent. Or, if this d	annes ana i am taminar with an	atutes relative to the proper and complete I accept the obligation of my position as registered effect a change in the registered office address. I	
Bee Home	-	07/7/2020	
Signatu	re of Registered Agent	Date	
If signing on behal	f of an entity:		
Bill Havre			
Typed	or Printed Name		

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

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