P20000033465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOG GROOMING LOVE CORP
Name of Corporation

DOCUMENT NUMBER: P20000033405

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:

LAZARA VILA
Name of Contact Person

DOG GROOMING LOVE CORP
Firm/Company

7380 STERLING RD. APT. 201
Address

DAVIE, FL, 33024
City/State and Zip Code

GROOMINGLOVE20@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAZARA VILA at (786) 597-9598
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

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: DOG GROOMING LOVE CORP

2. The principal office address: 7380 STERLING RD, APT. 201
DAVIE, FL, 33024

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 05/01/2020 Document number: P20000033405

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)

LAZARA VILA

7380 STERLING RD, APT. 201

DAVIE, FL, 33024

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

AMADO LOPEZ SAURE

7380 STERLING RD. APT. 201

P.O. Box NOT acceptable

DAVIE, FL, 33024

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 or director

LAZARA VILA
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.

Signature of Registered Agent

05/27/2020
Date

If signing on behalf of an entity:

AMADO LOPEZ SAURE
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE