

P220000 14568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL

cf 3/28/2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sunny Paw Parlor Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P22000014568

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:

Jolie Mcgrath

Name of Contact Person

Sunny Paw Parlor Inc.

Firm/Company

898 North Federal Highway Unit B

Address

Pompano Beach FL 33062

City/State and Zip Code

contactjoliem@gmail.com

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

For further information concerning this matter, please call:

Jolie Mcgrath

Name of Contact Person

at (630

) 415-5911

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

**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: Sunny Paw Parlor Inc.
2. The principal office address: 898 North Federal Highway Unit B Pompano Beach FL 33064
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2-18-22 Document number: P22000014568
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)

James McGrath 731 Southeast 5th terrace Pompano Beach FL 33060

Resigned

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

Jolie McGrath 898 North Federal Highway Unit B Pompano Beach FL 33064

P.O. Box NOT acceptable

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.

Jolie McGrath  
Signature of an officer or director

Jolie McGrath Owner/President  
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.

Jolie McGrath  
Signature of Registered Agent

3-9-22

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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TALLAHASSEE, FL