P23272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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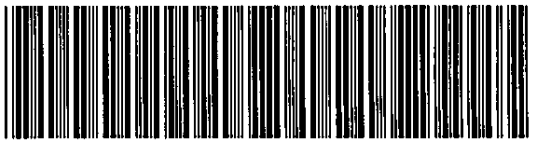

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Date: 12/09/2016 Account #: I20000000088

Name: Marisa Kugelmann

Reference #: C017633

ENTITY NAME: CANINE COMPANIONS FOR INDEPENDENCE, INC.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☑ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

Authorized Amount: $35.00

Signature: MKugel

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301
Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200
E-Mail: ***info@nationalcorp.com*** **Website:** ***www.nationalcorp.com***

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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 California *_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: **CANINE COMPANIONS FOR INDEPENDENCE, INC.**

2. The principal office address:

2965 Dutton Avenue **Santa Rosa** **CA** **95407**

3. The mailing address (if different):

P.O. Box 446 **Santa Rosa** **CA** **95402**

4. Date of incorporation/qualification: **3/6/1989 12:00:00 AM** Document number: **P23272**

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)

CORPORATE CREATIONS NETWORK INC.

PALM BEACH GARDENS, FL 33410

11380 PROSPERITY FARMS ROAD, #221E

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

National Corporate Research, Ltd., Inc.

115 North Calhoun St., Suite 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

David Bonfilio
Director of Planned Giving
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

12/8/2016
Date

If signing on behalf of an entity:

Sean Honan, Assistant Secretary
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)