City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Photocopy ☐ Mail out Certificate of Status ☐ Will wait **NEW FILINGS AMENDMENTS** Profit Resignation of R.A., Officer/Director ☐ Not for Profit Change of Registered Agent Limited Liability Domestication ☐ Dissolution/Withdrawal ☐ Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS**

Foreign

Limited Partnership

Reinstatement
Trademark
Other

Examiner's Initials

W SHIFFFIELD

☐ Annual Report

☐ Fictitious Name

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the following statement in order to change its register	red office or registered agent, or both, in
the State of Florida. 1. The name of the corporation is: R 5 HODOGS.	Tim
1. The hame of the corporation is. 10 J (P10093)	1 + 10.
2. The mailing address of the corporation is: 1433 Oo	Kboro Dr.
Lake Word	
3. Date of incorporation/qualification: 3014 28 1995	
4. The name and address of the current registered agent and off	
	<u> </u>
Denise Yannuzzi	
_ 7433 Calburo Dr.	
Lake Worth, 71 3	13467
5. The name and address of the new registered agent and office.	: (P. O. Box Not Acceptable)
Dorothy Pulliam	<u> </u>
10796 154 Road North	
Jupiter Fl 33478	-
The street address of its registered office and the street address agent, as changed, will be identical.	s of the business office of its registered
_	
Such change was authorized by resolution duly adopted by its authorized by the board.	1
(Signature of an officer, chairman or vice chairman of the board)	3-29-01 (Date)
	(Date)
Denise Jannuzzy President (Printed or typed name and title)	
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered ag further agree to comply with the provisions of all statutes relocifications of all statutes relocifications of my duties, and I am familiar with and accept the gistered agent.	of process for the above stated gent and agree to act in this capacity. lative to the proper and complete the obligation of my position as
Dorothy Pulliam	3.29.01
Dorothy Pullarm (Signature of Registered Agent)	(Date)
f signing on behalf of an entity:	

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS