P97000074783

METHOD OF PAYMENT Express Mail Corporate Acct. No.	· ·
- FROM: (PLEASE PRINT) PHONE (732) 736-1005 Animal Lovers Home Care, Inc. 1162 Oak Dale St.	700054304178 -05/02/0201034088 *****35.00 *****35.00
Toms River NJ 08757	Office Use Only
<u>.</u>	(S), (if known):
(Corporation Name) (Docur	nent #)
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NEW FILINGS AMENDME	NTS
☐ Limited Liability ☐ Domestication ☐ Other ☐ OTHER FILINGS ☐ Annual Report ☐ Foreign	ion of R.A., Officer/Director of Registered Agent on/Withdrawal Partnership ement
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CR2E031(7/97)

Examiner's Initials

ac 5/8

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

the undersigned corporation organized under the laws of the State of Florida Statutes,	
submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Florida.	
1. The name of the corporation: Animal Lovers Home Care, Inc.	
2. The mailing address of the corporation: 1/62 Oak Dale St.	
Toms River NJ 08757	
3. Date of incorporation/qualification: 8-28-97 Document number: P97000074783	
4. The name and address of the current registered agent and office:	
Amerilanyer Chartered	
343 Almeria Ave.	
Coral Gables FL 33134	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):	
(P. O. Box Not Acceptable)	
Lisa Gannon	
1016 Sousa Dr.	
Largo FL 33771	
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.	
(Signature of an officer, chairman or was chairman of the board) (Date)	
Linda Montagna Aznar (president)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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 of my position registered agents.	
Signature of Registered Agent) Q-1-00 [Date]	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE FL 32314