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Examiner's Initials

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	l Office	Use Only
(MBER(S), (if known):	
1.	Document #)	
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4766 N.E. 10TH AVENUE • OAKLAND PARK,		ASSE TO
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(Corporation Name)	(Document #)	
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☐ Walk in ☐ Pick up time		Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy ☐	Certificate of Status
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<u>NEW FILINGS</u>	AMENDMENTS	
☐ Profit	Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
☐ Limited Liability ☐ Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	- Merger	.A.
OTHER FILINGS	REGISTRATION/QUAL	IFICATION
OTHER FILINGS		<u>IFICATION</u>
Annual Report	☐ Foreign	
☐ Fictitious Name	☐ Limited Partnership ☐ Reinstatement	
	Trademark	
	Other	T. LEWIS APR 1 7 2000

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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, 617.05	602, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of	
submits the following statement in order to change its re	gistered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation is: DOGRAMP.COM,	INC.
2. The mailing address of the corporation is: 4774 N.	E. 10th AVENUE
-	PARK, FL 33334
3. Date of incorporation/qualification: 12-20-99	Document number:P99000109368
4. The name and address of the current registered agent a	
URSULA PINKWAT	PD 7.0
NORTH MIAMI, F	= 3 1
5. The name and address of the new registered agent and	office: (P. O. Box Not Acceptable)
ANNA MARIE CRA	FT SS =
4774 N.E. 10th	AVENUE SH 5
OAKLAND PARK,	FL 33334
The street address of its registered office and the street agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted authorized by the board.	by its board of directors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)	<u>3/28/00</u>
(Signature of an officer, chairman or vice chairman of the board)	(Date)
IRSULA PINRWATER-	
(Printed or typed name and title) Having been named as registered agent and to accept so corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all state performance of my duties, and I amfamiliar with and a registered agent.	ervice of process for the above stated red agent and agree to act in this capacity. tes relative to the proper and complete ccept the obligation of my position as
(/ MMI (W/T	03-28-00
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)
ANNA MARIE CRAFT	SECRETARY
(Typed or Printed Name)	(Capacity)

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