

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000169092

Entity Name: PAWS 2 HEALTH, LLC

Current Principal Place of Business:

4139 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33409

Current Mailing Address:

4139 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33409 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN ENGEL, EVE
4139 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33409 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EVE VAN ENGEL

04/07/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name VAN ENGEL, EVE
Address 4139 OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33409

Title MANAGER
Name KUMPE, SIGRID
Address 4139 OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33409

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EVE VAN ENGEL

MGR

04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date