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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DIRECTOR

SIGNATURE: BERNICE CAMPBELL

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent . ..

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:

0

Officer/Director Detail :			
Title	D	Title	D
Name	CAMPBELL, BERNICE	Name	LYNCH, JAMES
Address	9413 NW 62ND LANE	Address	3415 NW 46TH PLACE
City-State-Zip:	GAINESVILLE FL 32653	City-State-Zip:	GAINESVILLE FL 32605
Title	С		
Name	CAMPBELL, ROBERT		
Address	3023 NW 128 RD		
City-State-Zip:	GAINESVILLE FL 32609		

Name and Address of Current Registered Agent:

FEI Number: 47-1972546

9413 NW 62ND LANE GAINESVILLE. FL 32653

P.O. BOX 358979

Current Mailing Address:

GAINESVILLE, FL 32605 US

DOCUMENT# N1400008915

Current Principal Place of Business:

CAMPBELL, BERNICE 9143 NW 62ND LANE GAINESVILLE, FL 32653 US

Entity Name: K9 VETERANS MEMORIAL FOUNDATION, INC.

FILED Mar 07, 2016 Secretary of State CC8257281572

Certificate of Status Desired: No

03/07/2016

Date

Date