

L16884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

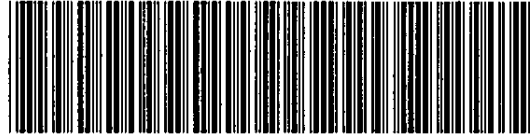
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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3/16/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Flagler Animal Hospital, P.A.
Name of Corporation

DOCUMENT NUMBER: L 16884

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

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TALLAHASSEE, FLORIDA

Susan Tate

Name of Contact Person

Flagler Animal Hospital

Firm/Company

130 Old Kings Rd South

Address

Flagler Beach, FL 32136

City/State and Zip Code

suetat57@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Tate

Name of Contact Person

at (386) 793-6213

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Flyger Animal Hospital, PA
- 2. The principal office address: 130 Old Kings Road, South
Flyger Beach, FL 32138
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 9/20/84 Document number: L16884

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kathleen L. Coffey
1885 Business Park Blvd.
Daytona Beach, FL 32114

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and for registered office (if changed):

1540 Copeland Blvd, Suite 230
P.O. Box NOT acceptable
Daytona Beach, FL 32117

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, or the corporation has been notified in writing of the change.

Robert G. Tate
Signature of an officer or director

Robert G. Tate
Printed or typed name and title

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 as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

3/5/15
Date

If signing on behalf of an entity:

Typed or Printed Name

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