(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



600269833576

귬

Hig. 19 21 15 E

PECEIVED

15 MAR 19 NH II: 58

AND CHEST STATE OF THE STATES

MAR 20 2015 R. WHITE

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/19/2015

NAME:

PET SERVICES OPERATING, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Debieter

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1.	Na	one of the limited liability company: Pet Services C)pera	ting, LLC		······································
		Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Mailing address of limited liabil (Note: MAY BE POST OFF	
		5813 Skylane Blvd.		5813 Sk	ylane Blvd.	1C 1: ROX)
		Windsor, CA 95492			CA 05402	
		8/20/14		M140000		
3.		Date of filmg/registration in Florida	4.		Document number	
	2	Jennifer Cotoia				1441)
٥.	(a)	Registered Agent and Registered Office shown on the records of the	e Flori	da Dept, of State	- e	野の高
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5308 Paylor Ln				(2)	-	
		Sarasota , PL 3	3424)	-	
į	(b)	Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address 155 Office Plaza Drive		ildress:	- . -	ge
		Tallahassee , FL. 3	3230	1	-	
the ago	cha nt v s/w	imited liability company is not organized under the laws nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	s of the reg pility of the li imited	e State of Fligistered offic company, it i mited liabilit I liability cor	orida, it is hereby confirm e and the business office of s hereby confirmed that the y company or as otherwis	of the registered
		me of a member or authorized representative of a member			Printed or typed name of sign	
pro the to i not	nisi obl nerc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a charge if the registered office address, I have the control of the provided of the control of the control of the provided of the control of	e to a perform for increase with the contraction of	ct in this cap mance of my Chapter 60, confirm that	acity. I further agree to c duties, and I am familiar 5. F.S. Or, if this docume the limited liability compo	romply with the with and accept at is being fited any has been
	1	Division of Corporations • P.O. Bo FILING FE			ssec, FL 32314	

\$

INHS18 (2/14)