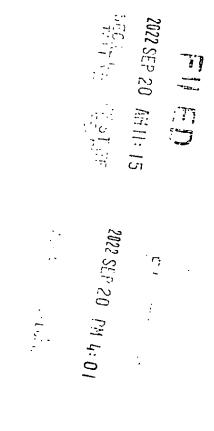
M18 DCCCC 8407

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

Office Use Only



400392402274



A. BUTLER SEP 2 1 2022

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. N	ame of the limited liability company:ENCOREVET (GROUP L	LC				
2. (a)	•			AVENUE			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	SARATOGA SPRINGS, NY 12866	<u> </u>	SARATO	GA SPRINGS,	NY 12866	-	
	09/12/2018		M1800000	8407			
3.	Date of filing/registration in Florida	4.		Document nur	mber		
5. (a)	Registered Agents Inc						
J. (a	Registered Agent and Registered Office shown on the records of	e:					
	7901 4th Street North				• •	2	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	ala A	022	
	STE 300				;-;-;- ;-;-;-	333	<u></u>
	St Petersburg FI	33702		_	[%]] 022 SEP 20		
			· · · · · ·	_	40	3.	1 4
(b)				_	OF STAII	=	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					MH: 15	
	Corporation Service Company				,	-	
	NEW Registered Office Address:			-			
	1201 Hays Street			_			
	Tallahassee FI	32301		_			
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	d office and mpany, it is ited liability	d the business of the business	office of the	ie regi ne cha	stered nge(s)
	Il Cilmi	Jill C	Jill Cilmi, Authorized Representative				
•	ature of a member or authorized representative of a member			Printed or typed			
I here provis the ob to mer notifie	thy accept the appointment as registered agent and agnions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It does not not this change.	ree to act performa d for in C hereby co	in this capa nce of my a hapter 605 nfirm that i	acity. I further duties, and I an , F.S. Or, if th the limited liah	agree to confamiliar vis documer oility compositity	omply with a it is b any ha	with the and accept eing filed as been
-	ure of Registered Agent E. Kirby, Asst. Vice President						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 950925 8290611
AUTHORIZATION: Spellelle Man
COST LIMIT : \$ 25.00
ORDER DATE : September 13, 2022
ORDER TIME : 2:13 PM
ORDER NO. : 950925-004
CUSTOMER NO: 8290611
CHANGE OF AGENT
NAME: ENCOREVET GROUP LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker
EXAMINER'S INITIALS: