

M18 000008407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2022 SEP 20 AM 11:15
REGISTRATION SECTION

2022 SEP 20 PM 4:01

A. BUTLER

SEP 21 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. Name of the limited liability company: ENCOREVET GROUP LLC

2. (a) 90 EAST AVENUE Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 90 EAST AVENUE Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

SARATOGA SPRINGS, NY 12866 SARATOGA SPRINGS, NY 12866

09/12/2018 M18000008407

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agents Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4th Street North
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
STE 300
St Petersburg, FL 33702

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 OFFICE OF STATE
 SECRETARY
 TALLAHASSEE, FL

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Jill Cilmi Jill Cilmi, Authorized Representative
 Signature of a member or authorized representative of a member Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby
 Signature of Registered Agent
 Grace E. Kirby, Asst. Vice President

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 950925; 8290611

AUTHORIZATION : 

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: _____