696 S. YONO ORMOND BI	GE STREET EACH, FL 32174 US			
FEI Number: 27-4570956			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
JOHNSON, DIA 1100 N. PENINS NEW SMYRNA				
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.				
The above named	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	orida.
	: DIANE JOHNSON	stered office or regis	tered agent, or both, in the State of Fic	orida. 01/19/2017
		stered office or regis	tered agent, or both, in the State of Fig	
SIGNATURE	: DIANE JOHNSON	stered office or regis	tered agent, or both, in the State of Fic	01/19/2017
SIGNATURE	Electronic Signature of Registered Agent	Title	MGRM	01/19/2017
SIGNATURE	DIANE JOHNSON Electronic Signature of Registered Agent Person(s) Detail :			01/19/2017
SIGNATURE Authorized I	DIANE JOHNSON Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGRM	01/19/2017

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANE A. JOHNSON

MANAGER

01/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000027047

Entity Name: ANIMAL EMERGENCY HOSPITAL VOLUSIA LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

696 S. YONGE STREET ORMOND BEACH, FL 32174

Current Mailing Address:

FILED Jan 19, 2017 **Secretary of State** CC6769520938

Date