

549359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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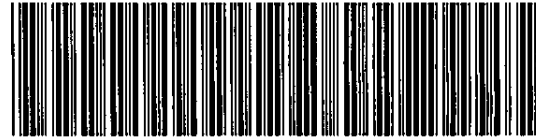
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*12/2/16*

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CARE ANIMAL CLINIC CORPORATION

2. The principal office address: 2030 EDGEWOOD DRIVE SOUTH,  
LAKELAND FL 33803

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/17/77 Document number: 549359

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)

3911 CHEVERLY DRIVE  
LAKELAND FL 33803  
"RESIGNED"

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

DR CHRISTOPHER J CARRIER DVM  
2030 EDGEWOOD DRIVE SOUTH  
LAKELAND FL 33803

P.O. Box NOT acceptable

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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.

Wendy Carrier  
Signature of an officer or director

WENDY CARRIER  
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.

Christopher Carrier  
Signature of Registered Agent

NOV 22nd 16.  
Date

If signing on behalf of an entity:

CHRISTOPHER CARRIER  
Typed or Printed Name

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

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARE ANIMAL CLINIC CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** 549359

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:

WENDY CARRIER  
Name of Contact Person

CARE ANIMAL CLINIC CORPORATION  
Firm/Company

2030 EDGEWOOD DRIVES  
Address

LAKELAND FL 33803  
City/State and Zip Code

wendybcarrier@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY CARRIER at ( 863 ) 665 2000  
Name of Contact Person 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