

B08000000036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

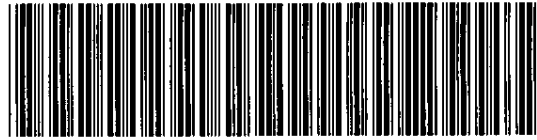
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JAN - 4 2012

**EXAMINER**



700215479827

OFFICE OF CORPORATIONS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 JAN - 4 AM 10:57

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DIVISION OF CORPORATIONS  
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 047114 7811218  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -4 PH 1:18

ORDER DATE : January 3, 2012  
ORDER TIME : 9:36 AM  
ORDER NO. : 047114-004  
CUSTOMER NO: 7811218

CHANGE OF AGENT

NAME: VCA ACADEMY ANIMAL HOSPITAL,  
LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS: \_\_\_\_\_

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. VCA ACADEMY ANIMAL HOSPITAL, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/15/2008 Date of filing/registration in Florida
3. B08000000036 Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System  
Name

1200 South Pine Island Road  
Address

Plantation, FL 33324  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Maureen Cathell  
Signature of General Partner  
Maureen Cathell, VP on behalf of VCA Animal Hospitals, Inc., its general partner

*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.*

Grace E. Kirby  
By: Grace E. Kirby  
Signature of Registered Agent Grace E. Kirby, Assistant VP

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50