(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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ACCOUNT NO. : 12000000195

REFERENCE : 040709

7811218

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 28, 2011

ORDER TIME : 9:39 AM

ORDER NO. : 040709-146

CUSTOMER NO: 7811218

CHANGE OF AGENT

NAME: VCA CENVET, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	•	ted under the laws of the State of California
		ea agent, or voth, in the state of Ftoriaa.
1. The name of t	the corporation: VCA CENVET, INC.	
2. The principal	office address: 12401 West Olympic B	oulevard, Los Angeles, CA 90064
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 12/19/2003	Document number: F0300006302
5. The name and	street address of the current registered age timent of State:	ent and registered office on file with the
	C T Corporation System	<u>.u.</u> 12
	1200 South Pine Island Road	
	Plantation, FL 33324	THE TOTAL THE SECOND TO THE SE
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office
	Corporation Service Company	Sall 2
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address as changed will	ss of its registered office and the street ac be identical.	ddress of the business office of its registered agent,
Such change was	s authorized by resolution duly adopted le board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.
	re of an officer or director)	Maurcen Cathell, Vice President (Printed or typed name and title)
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as registered agent and o comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	•
By: Die	on Service Company	December 27, 2011
(Sign If signing on beh	nature of Registered Agent)	(Date)
Grace E. Kirby	, Assistant Vice President	
(1)	yped or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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