F12000001429

| (Re | questor's Name) | | |
|---|-------------------|-------------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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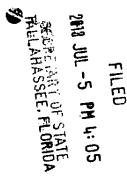
Office Use Only



700249285517

CHOOSE

07/05/13--01020--004 **35.00



7/10/13



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 2, 2013

Order#: 705345-004

Re: VETPHARM, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of change is sub | nitted for a corporation organ | nized under the laws of the State of New York tered agent, or both, in the State of Florida. | |
|--|---|---|--|
| 1. The name of the corpora | | | |
| 2. The principal office add | ess: 349 West Commercial S | it, Suite 2200, East Rochester, NY 14445-2421 | |
| 3. The mailing address (if o | lifferent): | | |
| 4. Date of incorporation/qu | alification: 04/02/2012 | Document number: F12000001429 | |
| | ress of the current registered a tate: (If resigned, enter resigned | agent and registered office on file with the ed) | |
| NRAI Ser | vices, Inc. | | |
| 1200 Sou | 1200 South Pine Island Road | | |
| Plantation | Plantation, FL 33324 | | |
| (if changed): | ress of the new registered age on Service Company | ent (if changed) and /or registered office | |
| 1201 Hay | rs Street | | |
| | P.O. Box NO | T acceptable | |
| Tallahass | ee, FL 32301 | | |
| The street address of its reas changed will be identic | gistered office and the street al. | address of the business office of its registered agent, | |
| Such change was authorized by the board, or | ed by resolution duly adopted r the corporation has been no | d by its board of directors or by an officer so tified in writing of the change. | |
| | 2_ | Dona Priebe, Vice President | |
| Signature of an office I hereby accept the appoint further agree to comply performance of my duties, agent. Or, if this document hereby confirm that the conformation Service | r or director In ment as registered agent ar with the provisions of all stat and I am familiar with and on it is being filed merely to ref brororation has been notified | Printed or typed name and title and agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I in writing of this change. | |
| By: Mac C-Kub! Signature of Regi | steked Agent | 06/26/2013 Date | |
| If signing on behalf of an | | | |
| Grace Kirby, Asst Vice Pr | | | |
| Typed or Printe | ·· | | |
| | * * * FILING FE | EE: \$35.00 * * * | |

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