Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE AFFILIATED PET SYSTEMS, L.L.C.

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Corporate Filing Menu

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10/29/2015

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: AFFILIATED PE	TSYS	STEMS, L.L.C			
2. (a)	1400 FOREST GLEN RD, SUITE 430	(b) 1400 FOREST GLEN ROAD SUITE 430				
,	Principal office address of limited liability company: (Sale: MUST BE STREET ADDRESS)		(···)	Mailing address of limite (Note: MAY RE POS		
	SILVER SPRING, MD 20910	_	SHAVER	SPRING, MD 20910		
	05/21/2001	-	800000010.1	3003		 ,
3. S. (a)	Date of filing/registration in Florida PAUL, JOSEPH	ી.		(Secument number		
(6)	Registered Agent and Registered Office shown on the records of t CYPRESS PARTNERS, LLC	the Flo	rida Dept. of Sta	ne:		
	Registered Office Address (MUST BE FLORIDA STREET :	DDR	ESS)			
	116 INTRACOASTAL POINTE DRIVE STE 300				12. ZE	
	JUPITER FL.	33477		-	SOCT CORE	-[
(b)	C T Corporation System				29 FAR ASS	-
	Enter name of NEW Registered Agent und/or NEW Registered	Office	uthtress:		AM 10: 20 OF STATE E, FLORIDI	
	NEW Registered Office Address:				ám 9	
	1200 South Pine Island Road					
	Plantation	3332	 	••		
the chi agent was/w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited licere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reability of the limite	gistered offic company, it limited liabili	te and the business of is hereby confirmed ty company or as of mpany.	flice of the registe that the change(s)	cred)
Signa	have fil a member or authorized representative of a member	-		Printed or typed dame	of signee	
I here provis the ob- to mer notifie C T Co By:	hase of a member of authorized representative of a member oby accept the appointment as registered agent and agricious of all statutes relative to the proper and complete ligations of my position as registered agent as provided elverified a change in the registered office address, I had in writing of this change. Supply Tamin	ec to perfo I for i hereby	act in this cap rmance of my a Chapter 60 c canfirm that	occity. I further agre duties, and I am Jan 5, F.S. Or. if this do the limited liability	ee to comply with niliar with and ac- scianent is being fi company has bee.	the cept iled n
Signati	Joseph Ta	min	i - Assi	istant Secret	ary	
	Division of Corporations P.O. I	30x 6.	327● Tallaha	issee, FL 32314		

FILING FEE: \$25.00

INHS18 (2/14)