

L04000009424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

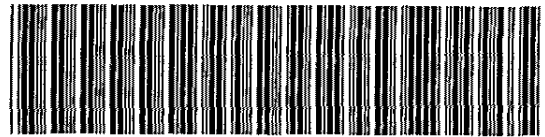
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2004 OCT 27 PM 1:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN OCT 29 2004

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October 26, 2004

Florida Department of State  
Division of Corporation  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
2004 OCT 27 PM 1:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Re: Kindred Spirits Animal Clinic LLC and Kindred Spirits Animal Clinic, P.A.

Gentlemen:

Enclosed are the following documents:

1. Articles of Amendment to Articles of Organization of Kindred Spirits Animal Clinic, LLC
2. Statement of Change of Registered Agent for Kindred Spirits Animal Clinic, P.A.
3. Statement of Change of Registered Agent for Kindred Spirits Animal Clinic, LLC
4. Articles of Merger

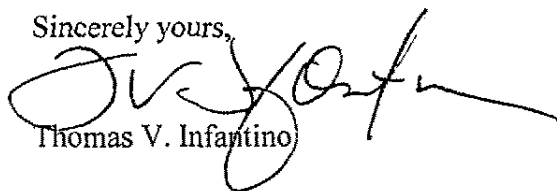
Please file in the order listed.

Enclosed is check in the amount of \$ 158.75 to cover:

- |    |   |         |
|----|---|---------|
| 1. | Amendment to Articles of Organization   | \$30.00 |
| 2. | Statement of Change of Registered Agent for Kindred Spirits Animal Clinic, P.A. | \$35.00 |
| 3. | Statement of Change of Registered Agent for Kindred Spirits Animal Clinic, LLC  | \$25.00 |
| 4. | Articles of Merger for Kindred  | \$60.00 |
| 5. | Certified Copy of Articles of Merger  | \$8.75  |

Please mail the certified copy of the Articles of Merger to me in the enclosed envelope.

Sincerely yours,

  
Thomas V. Infantino

TVI:jb

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: KINDRED SPIRITS ANIMAL CLINIC, LLC
2. The mailing address of the limited liability company is : 7306 South Orange Blossom Trail,  
Orlando, Florida 32809

January 27, 2004

L04000009424

3. Date of filing/registration in Florida

4. Document number

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

Sancha Brennan Whynot

Name

201 E. Pine Street, Ste 425

Address

Orlando, FL 32801

City, State and Zip

6. The name and address of the new registered agent and/or office:

Thomas V. Infantino

Name

180 S. Knowles Avenue, Ste 7

Florida street address (P.O. Box NOT acceptable)

Winter Park

FL 32789

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Jonathan G. Kindred

(Printed or typed name of signer)

*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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314