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Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : ALVEREZ & CARBONELL, P.L.
Account Number : I20070000029
Phone : (305)444-5885
Fax Number : (305)444-8986

08 JUL 18 AM 11:31

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REGISTERED AGENT CHANGE

PALMETTO BAY PET RESORT & ANIMAL HOSPITAL, LLC

Certificate of Status	0
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JUL 21 2008

EXAMINER

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. Name of the limited liability company: PALMETTO BAY PET RESORT & ANIMAL HOSPITAL, LLC

2. (a) Principal office address of limited liability company: 8783 SW 154 STREET
(Note: MUST BE STREET ADDRESS) MIAMI, FL 33157

(b) Mailing address of limited liability company: 8783 SW 154 STREET
(Note: MAY BE POST OFFICE BOX) MIAMI, FL 33157

12/26/2007
3. Date of filing/registration in Florida

I20070000029
4. Document number

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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: A&R REGISTERED AGENTS, LLC

Registered Office Address: 2151 LE JEUNE ROAD
MEZZANINE
CORAL GABLES, FL 33134

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: ACLaw Registered Agents, LLC

NEW Registered Office Address: 9100 S. Dadeland Blvd.
(MUST BE FLORIDA STREET ADDRESS) Suite 1000
Miami, FL 33156

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)

Benjamin R. Alvarez
(Printed or typed name of signee)

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
FILING FEE: $25.00

INHS18 (05/08)