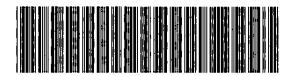
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SECRETARY OF STATE OF

C. LEWIS

AUG 6 2014

EXAMMER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Dr. Phillips Veternary Clinic, UC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Daivette Figueroa Name of Person				
Firm/Company				
610 North Blvd. W Address				
Davenport FL 33837 City/State and Zip Code Oivious 1026 @ hatmail. Com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Danvette Figueroa at 295-7547 Name of Person Area Code & Daytime Telephone Numbe				
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee & Certified Copy				

INHS18 (2/14)

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 submits the following statement in order to change its reg Florida.	6, Florida Statutes gistered office or	s, the undersigned limited li registered agent, or both	ability company in the State of
1. Name of the limited liability company:	hillops	Veternary	Clivie C
2. (a) 6/0 North Blvd. W Principal office address of limited liability company:	(b)	Same J Mailing address of limited liab	
Davenport, FL 33837		(Note: MAY BE POST OF	<u>FICE BOX)</u>
03/30/2011		0000 37904	
Date of filing/registration in Florida . (a) Daive He Figue voa	4.	Document number	
Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	itate:	
Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	_	
Orlando ,FL	, 32810		SLERE 14 JUL
(b) Don't ette Hour og Enter name of NEW Registered Agent and/or NEW Registered	1 Office oldness		24 000
610 North Blud. W	Office naturess.		PH 2:
NEW Registered Office Address:			23 1086 17
Davenport ,FI	3383		
f the limited liability company is not organized under the lance change or changes are made, the Florida street address of gent will be identical. Or, in the case of a Florida limited livas/were authorized by an affirmative vote of the members one articles of organization or the operating agreement of the	f the registered off ability company, i of the limited liabi	fice and the business office it is hereby confirmed that t ility company or as otherwi	of the registered the change(s)
Signature of a member or authorized representative of a member		Printed or typed name of sig	nee
hereby accept the appointment as registered agent and ag rovisions of all statutes relative to the proper and complete he obligations of my position as registered agent as provide merely reflect a change in the registered office address, I otified in writing of his change.	ree to act in this co e performance of n ed for in Chapter 6 hereby confirm th	apacity. I further agree to ny duties, and I am familiar 505, F.S. Or, if this docume at the limited liability comp	comply with the with and accept int is being filed vany has been
Signature of Registered Agent			