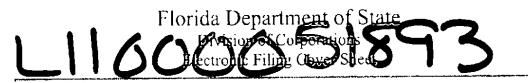
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Division of Corporations



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE PETIQ, LLC

Certificate of Status Centified Copy 02 Page Count \$55.00 Estimated Charge

Page: 3 of 3

12122023573

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: PetIQ, LLC				
2 (a)	No Change	(h) :	(h) No Change		
2. (11)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	\"/_	Mailing address o	f limited liability compa E POST OFFICE BOX	
3	05/02/2011 Date of filing/registration in Florida	- <u>I.I</u>	1000051893 Document nu	mber	
3.	Corporate Creations Network Inc.	ч,	Document na		
5. (a)	Registered Agent and Registered Office shown on the records of		ept of State:		
	Registered Office Address (MUST BE FLORIDA STREET). 801 Us Highway 1	ADDRESS]			
	North Palm Beach Fl	33408		202	
(ს	C.T. Corporation System			2022 FEB Gloret Fall ABB	E
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	27.	316 PH	PPROVED AND FILED
	NEW Registered Office Address:			37 	
	1200 South Pine Island Road			∯	
	Plantation, FI	33324			
the chagent	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registe ability com of the limite limited lial	red office and the busing pany, it is hereby confided liability company or bility company.	iess office of the re rined that the chang	gistered ge(s)
	be Vare	Joe Da	vis, Manager	I name of signee	
I her provi the or notification.	fature of a member or authorized representative of a member we by accept the appointment as registered agent and age, sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. C T Corporation System Mille Halds tute of Registered Agent	performan ed for in Cha herchy con, Miche	this capacity. I furthe ce of my duties, and I a anter 605 F.S. Or, if t	r agree to comply v m familiar with and his document is ben	ng filed