Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000147185 3)))



H140001471853ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

IL JIN 25 RH 10 25

To:

Division of Corporations

Fax Number : (850)617-638

RE-SUBMIT

From:

Account Name : C T CORPORATION SPECIAL FORM OF THE CONTROL OF THE

Phone : (850)222-1092

Fax Number : (850)878-5368

date of submission 6/19

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE AMERICAN VET SCIENCES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

6-25-14

https://efile.sunbiz.org/scripts/efilcovr.exe

6/19/2014

بب

COVER LETTER

TO:		stration Section tion of Corporations		
SUBJE	ECT:	AMERICAN VET SCIENCES, LLC		
		Nam	e of Limited	Liability Company
Dear Si	ir or M	fadam;		
The end	closed	Registered Agent/Registered Offic	ce Change a	nd fee(s) are submitted for filing.
Please (return	all correspondence concerning this	s matter to t	he following:
	. ———	Name of Person	····	
		Firm/Company	<u> </u>	
	 .	Address		<u> </u>
		City/State and Zip Code		
maria.le	anzieri(@yahoo.com		
Ē	-mail	address: (to be used for future annual	ual report ne	otification)
For fur	ther in	formation concerning this matter,	please call:	
			at ()
		Name of Person		Area Code & Daytime Telephone Number
	Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Encl	osed is a check for the following	amount:	
	₩ \$2	5 Filing Fee	0	\$55 Filing Fee & Certified Copy
INHSta	8 (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, 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.

AMPRICANTIOT COUNTOBE LLC

al office address of limited liability company: Nate: MUST BE STREET ADDRESS) . 33777 e of filing/registration in Florida ANDERP K and Registered Office shown on the records of the condition of of th	4.	STE 210 LARGO, L12000124	914 Document number	ted liability IST OFFIC		y:
e of filing/registration in Florida ANDEBP K ant and Registered Office shown on the records o	of the Plorid	LARGO,	914 Document number			
e of filing/registration in Florida ANDEBP K ant and Registered Office shown on the records o	of the Plorid	L12000124	914 Document number	r		
ANDEEP K and Registered Office shown on the records of	of the Plorid		Document number	r		
ANDEEP K and Registered Office shown on the records of	of the Plorid	da Dept, of Sin	_	r		
ent and Registered Office shown on the records of		is Dept. of Sin	_ le:			
		ia Dept. of Sta	_ le:			
lce Address (MUST BE FLORIDA STREET						
	CADDRES	\$1 	_			
N DAIRY ROAD, STE 210			_		4	
	L		_			7]
ion System				•	 (D	<u> </u>
NEW Registered Agent and/or NEW Registers	d Office a	ddress:	-			<u> </u>
						\
100			_	**	• • •	
		wa	_	. ,	23	
. F	L ³³³²⁴					
es are made, the Florida street address of al. Or, in the case of a Florida limited by an affirmative vote of the members	of the reg liability o of the lit	istered offic company, it i nited liabilit	e and the business of a hereby confirmed by company or as of	office of t	he regis	stered 'a'
1134	JoA	un Tolosa, Ma	emb er			
			**	. •		
appointment as registered agent and as utes relative to the proper and complet position as registered agent as provid hange in the registered office address,	gree to ac a perform ed for in hereby c Sanc	et in this cap nance of my Chapter 602 confirm that in Stewart	eacity. I further ograulies, and I am far duties, and I am far S, F.S. Or, if this do the limited liability	ee to com niliar with scument is company	ply with h and a s being has be	h the ccept filed en
	rod Office Address: Pine Island Road y company is not organized under the less are made, the Florida street address cal. Or, in the case of a Florida limited by an affirmative vote of the members leation or the operating agreement of the organized representative of a member	NEW Registered Agent and/or NEW Registered Office as and Office Address: Pine Island Road FL 33324 ye company is not organized under the laws of the essure made, the Florida street address of the register and affirmative vote of the members of the literation or the operating agreement of the limited lization or the operating agreement of the limited of a member appointment as registered agent and agree to accupately a street agent and agree to accupately accomplete perform a position as registered agent as provided for in the charge in the registered office address, I hereby the proper and complete perform the proper address, I hereby the proper address.	NEW Registered Agent and/or NEW Registered Office address: od Office Address: Pine Island Road FL 33324 y company is not organized under the laws of the State of Fless are made, the Florida street address of the registered office al. Or, in the case of a Florida limited liability company, it by an affirmative vote of the members of the limited liability contains agreement of the limited liability contains or the operating agreement of the limited liability contains a registered agent and agree to act in this capapointment as registered agent and agree to act in this capapointment as registered agent as provided for in Chapter of the position as registered agent as provided for in Chapter of the cha	NEW Registered Agent and/or NEW Registered Office address: and Office Address: Pine Island Road FL 33324 y company is not organized under the laws of the State of Florida, it is hereby ones are made, the Florida street address of the registered office and the business of al. Or, in the case of a Florida limited liability company, it is hereby confirmed by an affirmative vote of the members of the limited liability company or as oli ization or the operating agreement of the limited liability company. Joan Tolosa, Member Printed or typed name appointment as registered agent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I am for a position as registered agent as provided for in Chapter 605, F.S. Or, if this decrease in the registered office address, I hereby confirm that the limited liability challenge in the registered office address, I hereby confirm that the limited liability challenge in the registered office address, I hereby confirm that the limited liability	NEW Registered Agent and/or NEW Registered Office address: od Office Address: Pine Island Road FL 33324 y company is not organized under the laws of the State of Florida, it is hereby confirmed es are made, the Florida street address of the registered office and the business office of tal. Or, in the case of a Florida limited liability company, it is hereby confirmed that the of the poperating agreement of the limited liability company or as otherwise placation or the operating agreement of the limited liability company. Joan Tolosa, Member Frinted or typed name of signes appointment as registered agent and agree to act in this capacity. I further agree to compute appointment as registered agent and agree to act in this capacity. I further agree to compute y position as registered agent as provided for in Chapter 603, F.S. Or, if this document is table to the registered agent as provided for in Chapter 603, F.S. Or, if this document is the other registered office address, I hereby confirm that the limited liability company that the registered office address, I hereby confirm the limited liability company	NEW Registered Agent and/or NEW Registered Office midress: od Office Address: Pine Island Road FL 33324 y company is not organized under the laws of the State of Florida, it is hereby confirmed that after some made, the Florida street address of the registered office and the business office of the registal. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changed by an affirmative vote of the members of the limited liability company or as otherwise provided liability company. Joan Tolesa, Member Frinted or typed name of signes appointment as registered agent and agree to act in this capacity. I further agree to comply will use relative to the proper and complete performance of my duties, and I am familiar with and a position as registered agent as provided for in Chapter 603, F.S. Or, if this document is being mange in the registered agent as provided for in Chapter 603, F.S. Or, if this document is being that the limited liability company has being the registered office address, I hereby confirm that the limited liability company has be

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FER: \$25.00

INHS18 (2/14)