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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

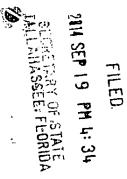
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9/26/14

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations	
SUBJECT: Trophy Stock Veterinary Service	ces, LLC
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
TiFavi Hollingsworth	
Name of Person	
Trophy Stock Veterinary Firm/Company	Sennes, LLC
370 SE Mizner Blud #	lleve
Boca Ration, FL 33432 City/State and Zip Code	<u></u>
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Tifani Hollingsmash	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## 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)	370 SE Mizner Blvd., #1608, Boca Raton, FL 33470	)	(b) 370 SE	Mizner Blvd., #1608, Boca Raton, Ft. 334
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/28/2013	-	L13000	<del></del>
	Date of filing/registration in Florida	4.		Document number
a)	ICORP SERVICES, INC.			<del></del>
	Registered Agent and Registered Office shown on the records of th	e Flori	da Dept. of S	State:
	17888 67Th Court North	\ <del></del>	201	
	Registered Office Address (MUST BE FLORIDA STREET AL	DURE.	227	
	Loxahatchee, FL_		33470	FILI
) .	InCorp Services, Inc.			FILED.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice s	ddress:	STATE FLORIO
	17888 67th Court North			RIDA RIDA
	NEW Registered Office Address:			
	Loxahatchee		33470	<del></del>
	LOXAII ALCITEE , FL_	·	33470	
iai W	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited street.	ne reg ility of the li	istered off company, in mited liabil	ice and the business office of the register t is hereby confirmed that the change(s) lity company or as otherwise provided in
atı	are of a member or authorized representative of a member		· · · · · · · · · · · · · · · · · · ·	Printed or typed name of signee
еb	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided j by reflect a change in the registered office address, I he	e to ac erfort	t in this co	apacity. I further agree to comply with to by duties, and I am familiar with and acc

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