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GUNSTER YOKL

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Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT CHANGE
EZ VET PET HEALTHCARE CENTER, LLC**

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N. Culligan NOV 14 2013

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: EZ VET PET HEALTHCARE CENTER, LLC

2. (a) Principal office address of limited liability company: 4970 SW 72nd Ave Ste 105

(Note: **MUST BE STREET ADDRESS**)

Miami, FL 33155

(b) Mailing address of limited liability company:

4970 SW 72nd Ave Ste 105

(Note: **MAY BE POST OFFICE BOX**)

Miami, FL 33155

8/15/2013

L13000115541

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Goldberg, Barry A., DVM

Registered Office Address:

18506 NW 67TH AVENUE, HIALEAH, FL 33015-3304

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

4970 SW 72nd Ave

Suite 105

Miami, FL 33155

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.

Barry A. Goldberg
Signature of a member or authorized representative of a member

Barry A. Goldberg, DVM

Printed or typed name of signer

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.

/s/ Barry A. Goldberg, DVM

Signature of Registered Agent

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