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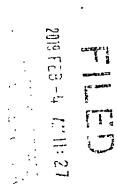
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 31, 2019

Order#: 608843/010

Re: VETOGY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. * Na	me of the limited liability company: _VETOGY, LLC		
2. (a)	1300 Brickle Bay Drive, Apt. 2902 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	Miami, FL 33131	- -	
_	08/02/2016	– . 	6000144048
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Sankesh Abbhi		
	Registered Agent and Registered Office shown on the records of	the Florida Dept	. of State:
	1300 Brickle Bay Drive, Apt. 2902		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
			. v sa
	Miami . FL	. 33131	The state of the s
(b)	Corporation Service Company		t- (
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	1201 Hays Street		
	NEW Registered Office Address:		:· 7
	Tallahassee, FL	, 32301	
the cha agent v was/we the arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the nkesh Abbhi	the registered ability compa of the limited limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signat	sure of a member or authorized representative of a member	70. 00.	Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agrounds of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is muriting of this change to free feets of Registered Agent Corporation Service Company	performance d for in Chap hereby confiri	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been M. Casper, Asst. Vice President

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	Miami, FL 33131		
	08/02/2016	<u>L1</u>	6000144048
3.	Date of filing/registration in Florida	4.	Document number
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		'	
	1300 Brickle Bay Drive, Apt. 2902	E ADDRESS	20
	Registered Office Address (MUST BE FLORIDA STREET	ADDKESSI	CL) married
			7 () TEACHER () () () () () () () () () (
	Miami F	T 22121	
	Miami, F	L	
/h\	Corporation Service Company		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address	
			.: 2
	1201 Hays Street		:•
	NEW Registered Office Address:		
	Tallahassee , F	L32301	
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registere liability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	nkesh Abbhi	/s/ Sank	esh Abbhi, Authorized Person
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change	gree to act in I e performance led for in Chaj I hereby confil	his capacity. I further agree to comply with the e of my duties, and I am Jamiliar with and accept over 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatu	re of Registered Agent Corporation Service Company	BY: Ami	M. Casper, Asst. Vice President

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