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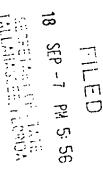
(Requestor's Name)					
(Address)					
(Address)					
(City/	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Vital Vet Relief Services, LL	Vital Vet Relief Services, LLC				
0000		ne of Limited L	iability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Elizat	beth Blossey					
	Name of Person		<del></del>			
Vital \	Vet Relief Services, LLC					
	Firm/Company		_			
3202	Raven Road					
	Address	· · · · ·	<del>_</del>			
Orlan	do, FL 32803					
	City/State and Zip Code	_	<del>_</del>			
	sey@gmail.com					
Е	-mail address: (to be used for future ann	ual report notif	ication)			
For fur	ther information concerning this matter,	please call:				
Elizat	peth Blossey	407 at (	758-6469 )			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.o	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	<b>□</b> \$.	55 Filing Fee & Certified Copy			
INHS18	3 (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

1.	Name of the limited liability company: Vital Vet Relie	ef Servi	ces, LLC		
2. (a	Vital Vet Relief Services, LLC	(h	(b) Vital Vet Relief Services, LLC		
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (°,		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	3202 Raven Road		3202 Ra	iven Road	
	Orlando, FL 32803	<u> </u>	Orlando	, FL 32803	
	10/03/2016		L1600018	33585	
3.	Date of filing/registration in Florida	4,		Document number	
5. (	a) UNITED STATES CORPORATION AGENTS	S, INC.			
(	Registered Agent and Registered Office shown on the records of to UNITED STATES CORPORATION AGENTS		Dept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.	<u> </u>	•	
	13302 WINDING OAK COURT A				
	TAMPA , FL	33612		Fig. <b>5</b>	
(t	Cayla Parks			SEP TIL	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	<u>lress</u> :	SEP-7 PH	
	NEW Registered Office Address:			जिल्ला <b>ज</b>	
	3202 Raven Road			<i>&gt;</i>	
	Orlando FL	32803			
the c agen was/	e limited liability company is not organized under the law change or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members o articles of organization or the operating agreement of the	the regis ibility co f the limi	tered office mpany, it is ited liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	Effessex	Eliz	abeth Blo	<del></del>	
_	nature of a member or authorized representative of a member			Printed or typed name of signee	
I her provi the o to me notifi	reby accept the appointment as registered agent and agrissions of all statutes relative to the proper and complete obligations of my position as registered agent as provided erely reflect a change in the registered office address, I had in writing of this change.	ee to act performa I for in C iereby co	in this capa ince of my d hapter 605 infirm that i	ncity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
	atune of Registered Agent				