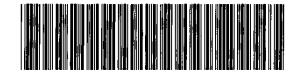
## 116000211405

Office Use Only



800293561128

01/05/17--01010--010 \*\*25.00

FILED

FILED

SECRETARY OF STATE
SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF

D. SCOTT JAN 1 7 2017



RECEIVED 2017 JAN 17 PM 1:49 FLORIDA DEPARTMENT OF STATE CONTROL OF STATE OF

January 6, 2017

DALE & DONNA CRAIG 3420 HARLOCK RD MELBOURNE, FL 32934

SUBJECT: OUTBACK MOBILE VETERINARY SERVICE LLC

Ref. Number: L16000211405

We have received your document for OUTBACK MOBILE VETERINARY SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU CAN ONLY HAVE ONE REGISTERED AGENT, NOT TWO.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 017A00000352

122 دب

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Dutback Mobile Veterinary Service LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Dale Craig  Name of Person  Outback Mobile Veterinary Service LLC  Firm/Company					
3420 Harlock Rd.  Address  McIbourne, FL 32934					
City/State and Zip Code					
info@outbackmobilevet. Lom  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
Name of Person at (321) 848 - 1304  Area Code & Daytime Telephone Number 49					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  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 \$\square\$ \$55 Filing Fee & Certified Copy					
INHS18 (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.	Na	me of the limited liability company:Outback	L Mobil	le Veterinary Survice LC		
		3420 Harlock Rd		3420 Harlock Rd		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Melbourne, FL		Melbourne FL		
		32934		32934		
		11/17/16		L16000211405		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Spiegel & Utreta P. A Registered Agent and Registered Office shown on the records of the	•			
	` '		e Florida Dept.	of State:		
		1840 SW 22nd St		<del></del>		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		4th Floor				
		Miami,FL	3314	5		
(	(b)	Dale Craig				
Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		3420 Harlock Rd	•			
		NEW Registered Office Address:	_	THE SERVICE OF THE PERSON OF T		
				Mag , o		
		Melbourne , FL	3293	34 For 2		
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.						
Signature of a member or authorized representative of a member  Printed or typed name of signee						
$\mathcal{O}$						
pro the to n	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 605, 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.					

Signature of Registered Agent