Florida Department of State

Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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LLC REGISTERED AGENT CHANGE ALOHA VETERINARY SERVICES, PLLC

| AND AND AND AND ADDRESS OF THE PROPERTY OF THE | A STATE OF STREET ASSESSMENT |
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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. No | ame of the limited hability company: $\frac{ALC}{ALC}$ | HA VETERINARY | SERVICES, PLLC | | |
|---|---|--|--|--|--|
| | 504 WAX PALM LANE | | (b) 504 WAX PALM LANE | | |
| Z. (il) | Principal office address of limited liability con (Note: MUST BE STREET ADDRESS | npany Maili | ing address of limited liability company: lote: MAY BE POST OFFICE BOX; | | |
| | CHULUOTA, FL 32766 | CHULUO | TA, FL 32766 | | |
| | 05/19/2017 | L17000111 | 1628 | | |
| 3. | Date of filing/registration in Florida | 4. Do | cument number | | |
| 5. (a) | UNITED STATES CORPORATION A | AGENTS, INC. | | | |
| ə. (a) | Registered Agent and Registered Office shown on the | | 6 3 | | |
| | 13302 WINDING OAK COURT | , | | | |
| | Registered Office Address (MUST BE FLORIDA | STREET ADDRESS) | <u> </u> | | |
| | SUITE A | | 二流 | | |
| | TAMPA | , _{FL} 33612 | | | |
| (b) | Northwest Registered Ac | gent, LLC. | 8 W 1 M 9 G | | |
| | 3030 N. Rocky Point Dr. | | | | |
| | NEW Registered Office Address: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | STE 150A | | | | |
| | Tampa | FL 33607 | | | |
| the ch agent | limited liability company is not organized uncange or changes are made, the Florida street a will be identical. Or, in the case of a Florida sere authorized by an affirmative vote of the naticles of organization or the operating agreements. | der the laws of the State of Florid address of the registered office an limited liability company, it is be numbers of the limited liability to | id the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in | | |
| Sign | alure of a member or authorized representative of a men | nber Pr | onted or typed name of signer | | |
| There provis the ob- to men would | why accept the appointment as registered ager tions of all statutes relative the proper and disations of my position as registered agent a fely reflect a change in the registered office a refin writing of this change. The Change of Registered Agent we of Registered Agent | nt and agree to act in this capacit complete performance of my dut is provided for in Chapter 605, F ddress, I hereby conforn that the | | | |