## 118000008585

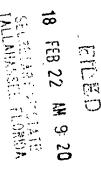
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## COVER LETTER

то:	Registration Section  Division of Corporations	· *					
SUBJE	CT: LTCA Veterinary Care, LLC						
	Name of Lin	nited Liability Company					
Dear Si	r or Madam:						
The enc	closed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please r	return all correspondence concerning this matte	r to the following:					
Eli:	zabeth Lovingood  Name of Person						
	Name of Person						
	Firm/Company						
15064	4 Savannah Dr.						
	Address						
Naple	es, FL 34119						
	City/State and Zip Code						
eliz	abeth.hill879@gmail.com	<del></del>					
elizabeth.hill879@gmail.com E-mail address: (to be used for future annual report notification)							
For furt	her information concerning this matter, please	call:					
Eliza	abeth Lovingood at (at (at (at (at (at (at (	610 ) 504 - 4219					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:	MAILING ADDRESS:					
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations					
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314					
	Tallahassee, Florida 32301	Talianassee, Florida 32314					
	Enclosed is a check for the following amoun	t:					
	S25 Filing Fee	□ \$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:LTCA Veterir	nary Ca	re, LLC				
2. (	(a)	12273 Amanda Cove Trail  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Jacksonville, FL 32225		Ma (	nanda Cove Tra iling address of limit <i>Note: MAY BE PO</i> ville, FL 32225	ed liability c ST OFFICE	-	-
3.		January 10, 2018  Date of filing/registration in Florida	4.	L1800000	)8585 ocument number	•		
	(a)	Elizabeth Lovingood Registered Agent and Registered Office shown on the records of the  12273 Amanda Cove Trail Registered Office Address (MUST BE FLORIDA STREET ADD	Florida D		i i	SECRETA	,	
(	(b)						州 9: 20	
		Naples, FL	34419					
the age was the Si I he protection notice	cha nt v s/we arti gnat erel visi obl. nere	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability and the earlier authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line with the company of a member of a member of a member of a member of all statutes relative to the proper and complete period of all statutes relative to the proper and complete period of my position as registered agent as provided for the proper and complete period of this change in the registered office address, I here of the proper and complete period of this change.	of the S e registe lity con he limit nited lia	tate of Floriered office a appany, it is hed liability comparing the first transfer of t	and the business of the terms of the company or as of the terms of the	office of the that the cherwise produced of signed	e reginange ovide	istered (s) d in