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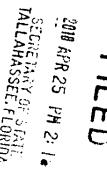
| (Requestor's Name) | | | | | |
|---|-------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | y/State/Zip/Phon | e #) | | | |
| PICK-UP | TIAW | MAil. | | | |
| (Bu | siness Entity Nar | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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APR 25 2818
J CHAVERS

COVER LETTER

| _ | sion of Corporations | | | |
|---|--|----------------------|--|--|
| SUBJECT: | Vitality-Pet, LLC | | | |
| | Nam | ne of Limited Lia | pility Company | |
| Dear Sir or N | Nadam: | | | |
| The enclosed | d Registered Agent/Registered Off | ice Change and fo | ee(s) are submitted for filing. | |
| Please return | all correspondence concerning th | is matter to the fo | ellowing: | |
| Rodney R | Rockwell | | | |
| | Name of Person | | - | |
| Vitality-Pe | t, LLC | | | |
| | Firm/Company | | - | |
| 5510 Rive | r Rd., Suite 108 - 109 | | | |
| | Address | | - | |
| New Port I | Richey, Fl. 34652 | | | |
| | City/State and Zip Code | | - | |
| rodneyr@d | cusave.com | | | |
| E-mail | address: (to be used for future ann | ual report notific | ation) | |
| For further in | nformation concerning this matter, | please call: | | |
| Rodney R | Rockwell | 727 at (| 919-3094 | |
| | Name of Person | | Area Code & Daytime Telephone Number | |
| Regi Divi Clift 2661 | stration Section sion of Corporations on Building Executive Center Circle whassee, Florida 32301 | Regi Divi P.O. | ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | | | |
| ⊠ \$2 | 25 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 | nme of the limited liability company: Vitality-Pet, L | LC. | | | |
|---|--|--|--|--|--|
| 2. (a) | 5510 River Rd. Suite 108 - 109 | (h | (b) 5510 River Rd. Suite 108 - 109 | | |
| (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0 | / | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | New Port Richey, Fl 34652 | | New Por | t Richey, Fl 34652 | |
| | March 28, 2018 | | L1800007 | 9507 | |
| 3. | Date of filing/registration in Florida | - 4. | | Document number | |
| 5. (a) | Rodney R Rockwell | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State | : | |
| | 5510 River Rd. Suite 108 - 109 | | • | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | <u></u> | | |
| | | | | # | |
| | New Port Richey , FI | 34652 | | FIL 2018 APR 25 SECIRE IAS Y ALLAHASSEE | |
| (b) | Dave A Scarpelli | | | FILE PR 25 PH SSSEE, FLC | |
| | Enter name of NEW Registered Agent and/or NEW Registered | l Office ad | dress: | 1 c | |
| | 5510 River Rd. Suite 108 - 109 | | | FLORIE 2: | |
| | NEW Registered Office Address: | | | | |
| | New Port Richey | 34652 | | | |
| the cha agent v was/we the arti Signa | imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cless of organization or the operating agreement of the launch of a pember or authorized representative of a member by accept the appointment as registered agent and agreement of the launch of the l | ws of the f the regilability coof the limited Room | stered office ompany, it is nited liability combined Room to the combined Room to the conference of th | and the business office of the registered hereby confirmed that the change(s) v company or as otherwise provided in pany. Ckwell Printed or typed name of signee | |
| пощие | ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change | ed főr in (hereby c | Chaptěr 605, onfirm that t | . F.S. Or, if this document is being filed he limited liability company has been | |

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

Signature of Registered Agent