48000 241 537

(F	Requestor's Name)					
(A	Address)					
(F	Address)					
(0	Dity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only

605-



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2019 JAN 30 PM 5: 33

C. GOLDEN JAN 31 2019

COVER LETTER

Registration Section

TO:

Divi	ision of Corporations	>					
SUBJECT:	Focused Vet Realty Investors, LLC Name of Limited Liability Company						
SOBJECT.							
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.				
Please return	n all correspondence concerning thi	s matter to the f	Ollowing:				
Joshua By	vrne						
			_				
	Name of Person						
Anderson	Business Advisors						
	Firm/Company	-	_				
3225 McL	eod Drive, #100						
	Address		_				
Las Vegas	s, NV 89121						
	City/State and Zip Code	•	_				
ra@ander	rsonadvisors.com						
E-mail	address: (to be used for future ann	ual report notifi	cation)				
For further i	nformation concerning this matter,	please call:					
Joshua By		800 at (7064741				
	Name of Person	··· (Area Code & Daytime Telephone Number				
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	losed is a check for the following	amount:					
□ \$	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				
INHS18 (2/14	1)						



January 10, 2019

JOSHUA BYRNS 3225 MCLEOD DRIVE #100 LAS VEGAS, NV 89121

SUBJECT: FOCUSED VET REALTY INVESTORS LLC

Ref. Number: L18000241537

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or manager of the limited liability company.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 519A00000700

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: Focused Vet F					
2	(a)	6318 Bridgecrest Dr	(b) 6318 Bridgecrest Dr				
٠.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liab (Note: MAY BE POST OF	-	
		Lithia FL 33547		Lithia FL	_ 33547		
			_				
		10/12/2018	_	L1800024	41537		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Thompson, John W			_		
	` '	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	• e:		
		6318 Bridgecrest Dr			_		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		:	201	
					A	Ar 6	
		Lithia , FL	33547			2019 JAN 30	inees arees
	(b)	Anderson Registered Agents, Inc.			AHASSEE,	PH	H
	. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			5: 33 S FATE E, FL		
		1000 North Washington Blvd			ר בי	33	
		NEW Registered Office Address:					
					_		
		Sarasota , FL	34236		_		
the ag	e cha ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis bility co f the limi	tered office mpany, it is ted liability	e and the business office s hereby confirmed that t y company or as otherwi	of the the cha	registered ange(s)
			Jos	nua Byrn:			
/	•	ure of a member or authorized representative of a member			Printed or typed name of sig		ha saide des
pr the to	ovisi 2 obl merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ly reflect a change in the registered office address, I have the property of this change.	ze 10 act performa I for in C ereby co	in inis cap ince of my hapter 605 infirm that	acity. I juriner agree to duties, and I am familiar 5, F.S. Or, if this docume the limited liability comp	comple with is ent is b pany h	y wan ine and accept being filed as been

Signature of Registered Agent