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Account#: 120000000088

For any issues please contact Cheyanne Davis 07/24/2024 Date: ____ (850) 202-1882 **Cheyanne Davis** Name: ____ 2442220 Reference #: ____ Entity Name: VETERINARY INNOVATIVE PARTNERS (FL) LLC Articles of Incorporation/Authorization to Transact Business ☐ Amendment ∇ Change of Agent Reinstatement Conversion ☐ Dissolution/Withdrawal Fictitious Name Other

Authorized Amount:

Signature: ______ Chuyuuclikas

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.

2. (a)				
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	ra	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change		No Change	
	May 13, 2021		L21000211394	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	NRAI Services, Inc.			
,	Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	2024 JUL 24	
	Plantation	, FL_33324		
(b)	COGENCY GLOBAL INC.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	tered Office add	PH 12: 13	
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			
	Tallahassee	.FL 32301		
the cha agent v was/wa	imited liability company is not organized under thinge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the membicles of organization or the operating agreement o	ss of the regist ed liability cor ers of the limi	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
/s/ Matt Bradshaw		Matt	Bradshaw	
Signature of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer	hy accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres I in writing of this change.	d agree to act plete performa wided for in C sss, I hereby co	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been	

Signature of Registered Agent

/s/ Tim Mayville

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00