Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120093000081 Phone : (307)200-2803 Fax Number : (813)436 5206

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LLC REGISTERED AGENT CHANGE VETERINARY REPRODUCTION SUPPLIES AND SERVICES.

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AUG 1 4 2024

8/13/2024-05 14-02 PDT To 18506176383 Page: 2/2 Fax: 8134365206

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. N	ame of the limited liability company: Veterinary F	Repro	duction	Supplies and Services LLC
2. (a)		(t	o)	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		- 		
	05/22/23		L2300	00250009
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MOHAMED, AHMED Y			
. ,	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of Sta	te:
	834 PINE SHORES CIRCLE			
	Registered Ortice Address (MUST BE FLORIDA STREET A	ADDRESS	5)	
	NEW SMYRNA BEACH, FL	32168	3	207
(Ե)	Registered Agents Inc			2024 AUG 13 PH 12: 3:
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	
	7901 4th St N			
	NEW Registered Office Address:			75
	STE 300			ω α
	St. Petersburg	33702	<u> </u>	_
the cha agent v was/w	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 liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi bility co f the lin	stered offic ompany, it uited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
		Ro	bin Jone	es
Signa	ture of a member or authorized representative of a member	-		Printed or typed name of signer
provisi the obi to mer natifie	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	perform I for in G tereby G	ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
ulid De	David Roberts - Assistant	t Secre	etary	