Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE THE VETERKIN SOCIETY LLC

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MAY 1 3 2024

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\stackrel{\wedge}{\sim}$

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. 1	Name of the limited liability company:	Society LLC	
2. (a	)	(b)	
•	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	v:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	12/20/23		000559899
3.	Date of filing/registration in Florida	4.	Document number
5. {a	BRICK BUSINESS LAW, P.A.		
	Registered Agent and Registered Office shown on the recon		
	3413 W FLETCHER AVE		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	TAMPA	. FL <sup>33618</sup>	<del></del>
(b	Northwest Registered Agent LLC		<del></del>
·	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	7901 4th St N		
	NEW Registered Office Address:		202
	STE 300		2024   11.77
			0
	St. Petersburg	33702 FI	0
the chagent was/v	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the memb ticles of organization or the operating agreement of	ss of the registere ed liability compa sers of the limited	d office and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ar grand he	Nat Smith	1
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp bligations of my position as registered agent as pro rely reflect a change in the registered office addres ed in writing of this change.	d agree to act in the plete performance wided for in Chap ss, I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
1/-		ant Secretary	
Signa	fure of Registered Agent		