(((H24000206758 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070

: (888)462-3453

Fax Number

: (877)919-2613

Enter the email address for this business entity to be used for future -annual report mailings. Enter only one email address please.

Émail Address:____

EFILE1234@INCFILE.COM

LLC REGISTERED AGENT CHANGE **VETS 305 SERVICES LLC**

Certificate of Status	0
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(((H24000206758 3)))

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: VETS 305 SERVICES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mailing Address:

LOVETTE DOBSON

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14) .21 *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000206758 3)))

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.

L: N	ame of the limited liability company: VETS	305 SEF	RVICES LLC			
2. (a)				0950 SW 218TH TERRACE		
` ,	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	,					
	MIAMI, FL 33170		MIAMI,	, FL 33170		
	06/04/2024		L24000	255736		
3.	Date of filing/registration in Florida		4.	Document number		
5. (a)	CARRASQUILLO, EMMANUEL					
(),	Registered Agent and Registered Office shown on the r	records of the I	Florida Dept. of Stat	c:		
	10950 SW 218TH TERRACE					
1	Registered Office Address (MUST BE FLORIDA)	STREETADE	(RESS)	_		
4	, t - j.			24	(,	
	MIAMI	, FL	33170	-	:	
(b)	Enter name of NEW Registered Agent and/or NEW R 1150 Nw 72nd Ave Tower 1 NEW Registered Office Address:		ice address:	PH 1: 36		
1	Ste:455					
	Miami	. FL	33126	-		
change agent was/we the arti- Signat I herely brovish the obli- to merce	imited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida litere authorized by an affirmative vote of the medies of organization or the operating agreement of a member or authorized representative of a member of a member of all statutes relative to the proper and configurations of my position as registered agent as its reflect a change in the registered office additions writing of this change.	ss of the reg mited liabili embers of th at of the lim	istered office and ty company, it is e limited liability ited liability com	d the business office of the registors hereby confirmed that the change ye company or as otherwise providing any. Emmanuel Carrasquillo Printed or typed name of signee	ered (u(s) ded in	
Signatur	re of Registered Agent		_			