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Certified Copies		Certificate	s of Status _	
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Special Instructio	ns to F	iling Officer:		

Office Use Only



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FILED

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Oct 15/19

CORPORATION SERVICE COMPANY

CONTACT PERSON: Lydia Cohen -- EXT#

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 7227487 7985957
AUTHORIZATION: Spelle Ble man
COST LIMIT : \$ 25.00
ORDER DATE : April 11, 2019
ORDER TIME : 10:11 AM
ORDER NO. : 722745-070
CUSTOMER NO: 7985957
FOREIGN FILINGS NAME: ANIMAL SUPPLY COMPANY LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

COVER LETTER

=	istration S ision of C	Section orporations			
SUBJECT:	Anin	nal Supply Com			
		Name of Foreig	n Limited Liabi	nty Compa	any
Dear Sir or	Madam:				
The enclose	d applica	tion, certificate and fee(s)	are submitted fo	or filing.	
Please retur	n all corre	espondence concerning this	s matter to the f	ollowing:	
James	Brun	son			
		Name of Person		•	
		Firm/Company		•	
600 E.	Las (Colinas Blvd. Su	ite 700		
		Address		•	
Irving,	TX 75	5039			
	-	City/State and Zip Code		•	
E-mail ad	ldress: (to	be used for future annual	report notificat	ion)	
For further i	nformatic	on concerning this matter,	please call:		
James	Bruns	son	_{at (} 972	, 616-9	9619
	Name	of Person	Area Code	& Daytime	e Telephone Number
Reg Divi Clift 266	istration S ision of C ton Buildi I Executi	orporations		Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
Enclosed is \$25 Filin		for the following amount \$30 Filing Fee & Certificate of Status	: \$55 Filin Certified	_	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on t	the records of the Florida I	Department of
State: Animal Supply Company LLC		
Enter new principal office address, if applicable:		5
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9 31
2. The Florida document number of this limited liability	company is: M15000	003037
3. Jurisdiction of its organization: Washington	<u> </u>	
4. Date authorized to do business in Florida: 04/22/	2015	
SECTION II (5-9 complete only the applicable change	ges)	
5. New name of the limited liability company: (must con	tain "Limited Liability Co	mpany, " "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted for topy of the written consent of the managers or managin must contain "Limited Liability Company." "L.L.C." or	ng members adopting the a	business in Florida and attach a lternate name. The alternate name
6. If amending the registered agent and/or registered off registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florid	la Street Address
	Zilici Tioria	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and and accept the obligations of my position as registered document is being filed to merely reflect a change in the liability company has been notified in writing of this change in the	d agree to act in this capa complete performance of t agent as provided for in C e registered office address	ny duties, and Lam familiar with Thapter 605, F.S. Or, if this

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
Member	Animal Supply Intermediate, LLC	_C 600 E. Las Colinas Blvd., Ste 700, Irving, TX 75039		
			Remo	
 -	*All others currently listed		Add	
			. Remo	
			PR Zemo	
			Remo	
			Add	
aforemention	n certificate, if required: no more than 90 med amendment(s), duly authenticated bunder the law of which this entity is organized.	y the official having custody of reco	Remo	

Filing Fee: \$25.00

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION
OF A WASHINGTON LIMITED LIABILITY COMPANY "ANIMAL SUPPLY
COMPANY LLC" TO A DELAWARE LIMITED LIABILITY COMPANY "ANIMAL
SUPPLY COMPANY LLC", WAS FILED IN THIS OFFICE ON THE TWENTYSECOND DAY OF FEBRUARY, A.D. 2019, AT 2:28 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF
THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

Authentication: 202627015

Date: 04-11-19

7292545 8317F SR# 20192765581