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Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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S. WARREN JUN 1 3 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: June 8, 2017

Order#: 673333-044

Re: VETERINARY PHARMACIES OF AMERICA, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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 liab	ility company:	VETERINARY	PHARMAC	IES OF A	MERICA, LLC
2. (a)	2854 Antoine Drive Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)_	M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Houston	TX	77092			
	11/18/2015				и1500000	
3.	Date of film	g/registration ir	i Florida	4.	1	Document number
5. (a)						
	Registered Agent and Reg	gistered Office show	wn on the records of	f the Florida Do	ept. of State:	
	1200 South Pine Is	land Road				三三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
	Registered Office Addres	s <i>(MUST BE F</i>	<u>LORIDA STREET</u>	ADDRESS)	<u>.</u>	JUN 12 JUN 12 LAHASS
	Plantation		, FI	L <u>33324</u>		FILED JUN 12 PH 12: 09 AHASSEE, FLORID
(b)	Corporation Service	Company				7. C
. ,	Enter name of <u>NEW Reg</u>	istered Agent and/	or <u>NEW Registered</u>	d Office addre	<u>ss</u> :	DA S
	1201 Hays Street					
	<u>NEW</u> Registered Office	Address:				
	Tallahassee		, Fi	32301		
the ch agent was/w	ange or changes are ma will be identical. Or, i	ade, the Florida n the case of a l ffirmative vote	ized under the la street address o Florida limited li of the members	ws of the St f the register iability composed the limited c limited liab	red office pany, it is d liability pility comp	rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Ized Person
Signa	ature of a member or author	ized representative	of a member	3111 (3111		Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appoint ions of all statutes rela ligations of my positio rely reflect a change in d in writing of this cha	nent as register itive to the prop n as registered the registered inge.	red agent and ag per and complete agent as provide office address, I	ree to act in e performanced for in Che hereby conf	this capa ce of my d apter 605, irm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signati	Mrace 2-Kinble ure of Registered Agent Co	orporation Serv	vice Company	BY: Grad	ce E. Kirt	by, Asst. Vice President