

M17000001100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300302147353

08/11/17--01009--016 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 AUG 11 P 2:23

FILED

D BRUCE
AUG 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vet Comp & Pen Medical Consulting, 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:

Travis Gysenheimer
Name of Person

Vet Comp & Pen Medical Consulting, LLC
Firm/Company

410 SW 140th Terrace
Address

Newberry FL 32669
City/State and Zip Code

travis@vetcompandpen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Gysenheimer at (352) 317-4909
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

FILED
TALLAHASSEE, FLORIDA

2017 AUG 11 P 2:23

FILED

**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. Name of the limited liability company: Vet Comp E Pen Medical Consulting, LLC

2. (a) 410 SW 140th Terrace

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Newberry FL 32669

(b) 410 SW 140th Terrace

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Newberry FL 32669

3. 2-7-17
Date of filing/registration in Florida

4. M17000001100
Document number

5. (a) Justin Mowitz, ESQ
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5341 SW 91st Terrace Suite A

Gainesville FL 32608

(b) James J. Taylor Jr., ESQ.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

420 S Lawrence Blvd.

Keystone Heights FL 32656

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Travis Gugenheimer
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

FILED
2017 AUG 11 P 2:23
TALLAHASSEE, FLORIDA