

M 18000007605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

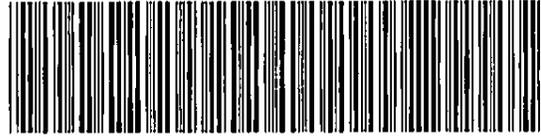
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900331536299

2019 JUL - 8 AM 9:35
SOL. CLERK OF STATE
TAL. ALABAMA

FILED

19 JUL - 8 AM 9:30
RECEIVED
SOL. CLERK OF STATE

JUL 09 2019
M. SOLOMON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 788965 8139763
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : June 3, 2019
ORDER TIME : 9:02 AM
ORDER NO. : 788965-580
CUSTOMER NO: 8139763

FOREIGN FILINGS

NAME: HENRY SCHEIN VETERINARY
SOLUTIONS, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Henry Schein Veterinary Solutions, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
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 \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$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 the records of the Florida Department of

State: Henry Schein Veterinary Solutions, LLC

Enter new principal office address, if applicable: _____

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: _____

**(Mailing address
MAY BE A POST OFFICE BOX)**

7 Custom House Street

Portland, ME 04101

2. The Florida document number of this limited liability company is: M18000007605

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/16/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Covetrus Software Services, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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2018 JUL -8 AM 9:35
STATE OF FLORIDA
DEPARTMENT OF REVENUE

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

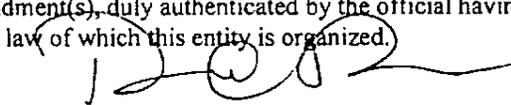
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Walter Siegel</u>	<u>135 Duryea Road</u>	<input type="checkbox"/> Add
		<u>Melville, NY 11747</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Steven Paladino</u>	<u>135 Duryea Road</u>	<input type="checkbox"/> Add
		<u>Melville, NY 11747</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Michael Ettinger</u>	<u>135 Duryea Road</u>	<input type="checkbox"/> Add
		<u>Melville, NY 11747</u>	<input checked="" type="checkbox"/> Remove
	<u>SEE ATTACHMENT</u>	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

2015 JUL -8 AM 9:35
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FILED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

David Christopher Dollar, Manager

Typed or printed name of signee

Filing Fee: \$25.00

Attachment 1

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>David Christopher Dollar</u>	<u>7 Custom House Street</u> <u>Portland, ME 04101</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Edward Sutton</u>	<u>7 Custom House Street</u> <u>Portland, ME 04101</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Hallie Detjen</u>	<u>7 Custom House Street</u> <u>Portland, ME 04101</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

STATE OF MAINE
DEPARTMENT OF STATE
1111 ANNE STREET, AUGUSTA, ME 04330

2018 JUL -8 AM 9:35

FILED

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "IMPROMED, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HENRY SCHEIN VETERINARY SOLUTIONS, LLC", ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2016, AT 3:52 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "HENRY SCHEIN VETERINARY SOLUTIONS, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "COVETRUS SOFTWARE SERVICES, LLC", ON THE TWENTY-SECOND DAY OF MAY, A.D. 2019, AT 12:08 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS SOFTWARE SERVICES, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

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 REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.




Jeffrey W. Bullock, Secretary of State

4934408 8321
SR# 20195833335

Authentication: 203163700
Date: 07-05-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

Page 2

The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS
SOFTWARE SERVICES, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY,
A.D. 2011.




Jeffrey W. Butlock, Secretary of State

4934408 8321
SR# 20195833335

Authentication: 203163700
Date: 07-05-19

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