

M18000007605

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

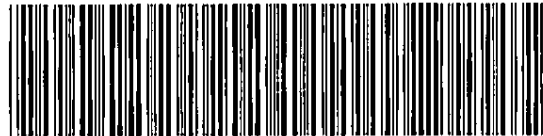
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900331536299

FILED  
2019 JUL - 8 AM 9:35  
SOL. CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
JUL 23 2019  
19 JUL - 8 AM 9:30

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:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

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

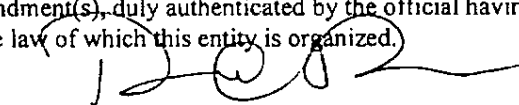
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<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>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove

2013 JUL -8 AM 9:35

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

2018 JUL -8 AM 9:35  
CLERK OF SUPERIOR COURT  
111 AUGUST ST. PORTLAND, ME 04101

FILED

# Delaware

The First State

Page 1

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.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

4934408 8321  
SR# 20195833335

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203163700  
Date: 07-05-19


# Delaware

The First State

Page 2

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. 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](http://corp.delaware.gov/authver.shtml)