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(City/State/Zip/Phone #)
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(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

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10/08/2024

Date:

	Acc#I20160000072
Name:	ZBS Town and Country Vet Clinic, LLC
Document #:	
Order #:	15905852
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
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Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$ 55.00

Thank you!

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 appear	s on the records of the Floric	la Department of
State: ZBS Town and Country Vet Clinic, LLC		
Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address	N/A	
MAY BE A POST OFFICE BOX)		2024 0
2. The Florida document number of this limited lia	ability company is: M190000	10662
3. Jurisdiction of its organization:Delaware		
4. Date authorized to do business in Florida: 11/0	4/2019	, iii
SECTION II (5-9 complete only the applicable	changes)	Ø .
5. New name of the limited liability company: (mus	N/A st contain "Limited Liability	Company, ""L.IC.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting th	ng business in Florida and attach a e alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address: N/A	D	
	Enter Florida Street Address	
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Ro	·	,
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper	ent and agree to act in this ca	

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.

and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this

itle/ Capacity	<u>Name</u>	Address	Type of Action
Manager	Steven Sung	800 Westchester Avenue, Ste S504	□Ađd
		Rye Brook, NY 10573	⊠Remo
1anager	Matthew Sussman	800 Weschester Avenue, Ste S504	🛎 Add
		Rye Brook, NY 10573	□Remo
			DAdd
		<u> </u>	Remo
·			□Add
			□Remo
			□Add
aforemention	inder the law of which this entity	ated by the official having custody of records in t	□Remo

Filing Fee: \$25.00