

P00000001468

WARD, ROVELL & VAN EEOPEL
ATTORNEYS AT LAW

4100 BANK OF AMERICA PLAZA
101 EAST KENNEDY BOULEVARD
TAMPA, FLORIDA 33602-5152

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

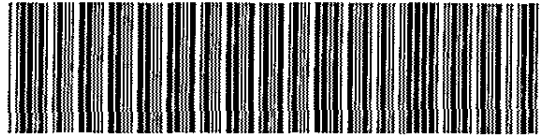
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TALLAHASSEE, FLORIDA

R.A. Change

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ESTATES LAWYER

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PROFESSIONAL ASSOCIATION
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4100 BANK OF AMERICA PLAZA
101 EAST KENNEDY BOULEVARD
TAMPA, FLORIDA 33602-3132

TELEPHONE: (813) 222-8700
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PLEASE REPLY TO:
P.O. BOX 71
TAMPA, FLORIDA 33601-0071

November 20, 2002

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

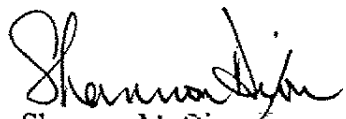
Re: PetsVetsandYou, Inc.
Our File No: 1853.99-1487

Sir/Madam:

Please find enclosed a Statement of Change of Registered Agent and an Officer/Director Resignation that we are requesting to be filed with your office. Please also find enclosed a check in the amount of \$70.00 to cover the filing fees.

If you have any questions or require additional information, please feel free to call.

Sincerely,


Shannon M. Dixon,
Corporate Legal Assistant

Enclosures
160774
1853.991487

cc: Eddie Garcia, D.V.M.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PETSVETSANDYOU, INC.

(Name of corporation)

DOCUMENT NUMBER: P00000001468

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eddie Garcia, D.V.M.

(Name of person)

PETSVETSANDYOU, INC.

(Name of firm/company)

932 East Shadowlawn Avenue

(Address)

Tampa, Florida 33603

(City/state and zip code)

For further information concerning this matter, please call:

Eddie Garcia, D.V.M.

(Name of person)

at (813) 234-1546

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: PETSVETSANDYOU, INC.

2. The principal office address: 932 East Shadowlawn Avenue
Tampa, FL 33603

3. The mailing address (if different): same

4. Date of incorporation/qualification: 1/5/2000 Document number: P00000001468

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

R. Reid Haney

101 E. Kennedy Blvd., Suite 4100

Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

Eddie Garcia, D.V.M.

932 E. Shadowlawn Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tampa, FL 33603

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Eddie Garcia

(Signature of an officer, chairman or vice chairman of the board)

Eddie Garcia, D.V.M.

(Printed or typed name and title)

*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 obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

Eddie Garcia

(Signature of Registered Agent)

Eddie Garcia, D.V.M.

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA