

PO2000054098

(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



900236772989

06/25/12--01049--013 **35.00

FILED

2012 JUN 25 P 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 27 2012

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rock Springs Animal Hospital
Name of Corporation

DOCUMENT NUMBER: 412 A00014410

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:

Keith Mosley
Name of Contact Person

Firm/Company

1673 N. Rock Springs ~~Ave~~ Road
Address

Apopka FL 32712
City/State and Zip Code

LSUDUM92@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Mosley at (407) 814-0262
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rock Springs Animal Hospital, P.A.
2. The principal office address: 1673 N. Rock Springs Rd
Apopka FL 32712
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/13/02 Document number: EIN: 03-0453456
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

George Kelley
368 East Main St.
Apopka, FL 32703

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

Keith Mosley
1673 N. Rock Springs Rd
Apopka, FL 32712

P.O. Box NOT acceptable

2012 JUN 25 P 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Keith Mosley
Signature of an officer or director

Keith Mosley pros
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.

Keith Mosley
Signature of Registered Agent

6-15-12
Date

If signing on behalf of an entity:

Keith Mosley
Typed or Printed Name

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