

PD4000104543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

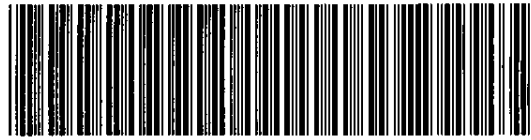
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Bird & Exotic Hospital, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000104543

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:

Vanessa Rolfe
Name of Contact Person

The Bird & Exotic Hospital, Inc.
Firm/Company

6147 Lake Worth Rd.
Address

Greenacres, FL 33463
City/State and Zip Code.

RolfeDVM@birdexoticvet.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Rolfe at (561) 964.2121
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2011

VANESSA ROLFE
THE BIRD & EXOTIC HOSPITAL, INC.
6147 LAKE WORTH RD.
GREENACRES, FL 33463

SUBJECT: THE BIRD & EXOTIC HOSPITAL, INC.
Ref. Number: P04000104543

We have received your document for THE BIRD & EXOTIC HOSPITAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 611A00028538

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12 JAN -3 AM 8:42

TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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: The Bird & Exotic Hospital, Inc.

2. The principal office address: 6147 Lake Worth Rd., Greenacres, FL 33463

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/14/2004 Document number: P04000104543

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)

(he just resigned) JONATHAN KROSS, P. ESQ
2461 West Hillsboro Boulevard
Deerfield Beach FL 33442

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

Vanessa Rolfe
6147 Lake Worth Rd.
P.O. Box NOT acceptable
Greenacres, FL 33463

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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.

Vanessa Rolfe
Signature of an officer or director

VANESSA ROLFE, PRES
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.

Vanessa Rolfe
Signature of Registered Agent

12/19/11
Date

If signing on behalf of an entity:

Vanessa Rolfe
Typed or Printed Name

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