

PO5000013335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

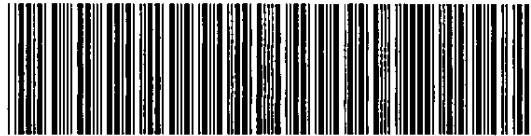
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8/10/09
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bartram Trail Veterinary Hospital, Inc.
Name of Corporation

DOCUMENT NUMBER: P05 000 013 335

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:

Antonio Dias
Name of Contact Person

Bartram Trail Veterinary Hospital, Inc.
Firm/Company

6751 State Road 16
Address

Saint Augustine, Florida 32092
City/State and Zip Code

Antonio.Dias@BartramTrailVets.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Dias at (904) 940-0655
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bartram Trail Veterinary Hospital, Inc.
2. The principal office address: 6751 State Road 16
Saint Augustine, FL32092
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/21/2005 Document number: P05 000 013 335

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)

Krista M. Davis

1806 Denmark Drive

Orange Park, FL32003

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

Krista M. Davis

6751 State Road 16

P.O. Box NOT acceptable

Saint Augustine, FL32092

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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.

Krista Davis
Signature of an officer or director

Krista M. Davis, President
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.

Krista Davis
Signature of Registered Agent

July 31st, 2009
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (8/05)