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(((H170000465123)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

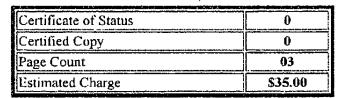
: (614)280-3338

Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## REGISTERED AGENT CHANGE DERMAPET, INC.



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Corporate Filing Menu



**COVER LETTER** 

TO:	Amendment Section Division of Corporations						
SUBJ	DERMAPET, INC.						
	Name of Corporation						
DOC	P05000081228 UMENT NUMBER:						
The ci	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
	e return all correspondence concerning this matter to the following:						
	\$						
	Name of Contact Person						
	Firm/Company						
	·						
	Address						
	City/State and Zip Code						
	·						
	E-mail address; (to be used for future annual report notification)						
	is man dadies, (to be asses for fatale difficult report fictification)						
For fu	orther information concerning this matter, please call:						
	Name of Contact Person at ( )  Area Code & Daytime Telephone	Number					
Enclos	sed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Street Address: Amendment Section Amendment Section						
	Division of Corporations Division of Corporations						
	P.O. Box 6327 Clifton Building						
	Tallahassee, FL 32314 2661 Executive Center Circ	le					
	Tallahassee, FL 32301						

CR2E045 (03/12)

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

	the corporation: DERMAPET, INC.	
		LVD, SUITE 525, OVERLAND PARK, KS 66211
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 06/06/2005	Document number: P05000081228
	d street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	CORPORATION SERVICE COM	PANY
	1201 HAYS STREET	291
	TALLAHASSEE, FL 32301	201 FEB
6. The name and (if changed):	i street address of the new register	ed agent (if changed) and /or registered office
	C T Corporation System	700 90
	c/o C T Corporation System, 1200 S	
	P.O. E Plantation, Florida 33324	Box NOT acceptable
		street address of the business office of its registered agent, dopted by its board of directors or by an officer so een notified in writing of the change.
	<b>.</b>	
	tio Martin	Leslie Martin, Secretary  Printed or typed name and title
C T Corr By:		ent and agree to act in this capacity. All statutes relative to the proper and complete And accept the obligation of my position as registered To reflect a change in the registered office address, I Tified in writing of this change.  President  2/// Tak
	J	,
If signing on bel	half of an entity:	

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

CR2E045 (03/12)