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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shannon Kennedy DVM Veterinarian Services PA
Name of Corporation

DOCUMENT NUMBER: P09000002161

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:

Jennifer Tucker

Name of Contact Person

Kovach & Associates, PA

Firm/Company

P.O. Box 635

Address

Inverness, FL 34451

City/State and Zip Code

jlt@flalaw.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer

Name of Contact Person

at (352) 341-5557

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

May 18, 2012

JENNIFER TUCKER
KOVACH & ASSOCIATES, P.A.
P.O. BOX 635
INVERNESS, FL 34451

SUBJECT: SHANNON KENNEDY DVM VETERINARIAN SERVICES, P.A.
Ref. Number: P09000002161

We have received your document for SHANNON KENNEDY DVM VETERINARIAN SERVICES, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 112A00014686

**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: Shannon Kennedy DVM Veterinarian Services, PA
2. The principal office address: 4474 South Florida Avenue, Suite A,
Inverness, FL 34450
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/07/2009 Document number: P09000002161

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)

Shannon P. Kennedy

10304 SE 172nd Lane

Summerfield, FL 34491

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

Shannon P. Kennedy, DVM

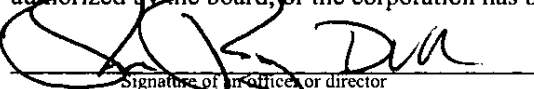
4474 South Florida Avenue, Suite A

P.O. Box NOT acceptable

Inverness, FL 34450

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.

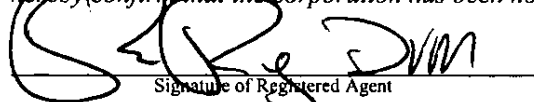


Signature of officer or director

Shannon P. Kennedy, 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.



Signature of Registered Agent

June 1, 2012

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 (03/12)

12 JUN 22 PM 12:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS