

PD9000018271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

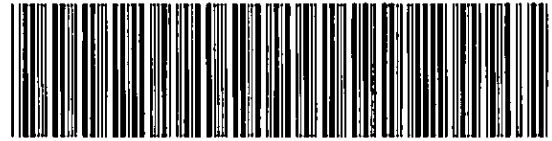
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/25/18--01017--013 **35.00

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COVER LETTER

SECRETARY OF STATE
DIVISION OF CORPORATIONS

TO: Amendment Section
Division of Corporations

2018 JUL 23 AM 11:02

SUBJECT: **Dr. Dan's Animal Hospital, P.A.**

Name of Corporation

DOCUMENT NUMBER: **P09000018271**

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:

H. Randal Brennan

Name of Contact Person

Brennan & Kretschmer

Firm/Company

1443 20th Street, Suite A

Address

Vero Beach, Florida 32960

City/State and Zip Code

chattymaddie05@aol.com

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

For further information concerning this matter, please call:

Claudia Arens

Name of Contact Person

at (**772**) **778-3777**

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

LAW OFFICES
BRENNAN & KRETSCHMER
A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

H. RANDAL BRENNAN + *
FRED L. KRETSCHMER, JR.

+ BOARD CERTIFIED CIVIL TRIAL LAWYER
* CERTIFIED CIVIL MEDIATOR

1443 20th Street, Suite A
P. O. Box 520
VERO BEACH, FLORIDA 32961-0520
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TELEPHONE: (772) 778-3777
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hrb@veroattorneys.com

July 19, 2018

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

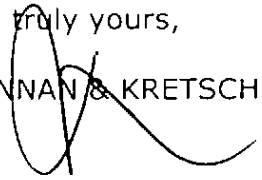
Re: Statement of Change of Registered Office or Registered Agent or Both for
Corporations of Dr. Dan's Animal Hospital, P.A.

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both of Dr. Dan's Animal Hospital, P.A. together with our check for the filing fee in the amount of \$35.00. If you need any additional information, please give me a call.

Very truly yours,

BRENNAN & KRETSCHMER

By 
H. Randal Brennan

HRB:cla

Enclosure: Statement of Change of Registered Office or Registered Agent or Both
Check

2018 JUL 23 AM 11:08
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

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Division of Corporations

SUBJECT: Dr. Dan's Animal Hospital, P.A.

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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: Dr. Dan's Animal Hospital, P.A.

2. The principal office address: 1624 14th Avenue
Vero Beach, Florida 32960

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/26/2009 Document number: P09000018271

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)

Daniel Clifton

975 25th Street

Vero Beach, Florida 32960

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

Daniel Clifton

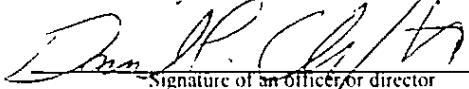
1624 14th Avenue

P.O. Box NOT acceptable

Vero Beach, Florida 32960

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 an officer or director

Daniel P. Clifton, 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

7/17/2018

Date

If signing on behalf of an entity:

Daniel P. Clifton

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

2018 JUL 23 AM 11:02
CLERK OF COURT
DIVISION OF CORPORATIONS