

P09000079056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

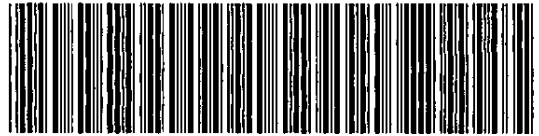
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500159164195

M/Bonn
10-7-09

**CHANGE OF ADDRESS FORM
FOR
LOVE MY PET ANIMAL CLINIC, INC.
P09000079056**

P09000079056

**TO: DEPT OF STATE
FAX: 850-245-6897**

RE: CHANGE OF ADDRESS

**THIS LETTER IS TO INFORM YOU THAT WE HAVE CHANGED OUR
MAILING AND BOARD OF DIRECTRS/OFFICERS ADDRESS TO:**

**P. O. BOX 830592
MIAMI FL 33282**

THANK YOU,


**YARLENE VINAS
(PRESIDENT)**