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To:

Division of Corporations

Fax Number : (858)617-6380

From:

Account Name : Ala REGISTERED AGENT INC.

Account Number : I20090000032 Phone : (561)792-2236

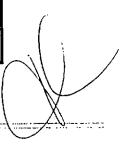
Fax Number : (561)202-8082

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

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REGISTERED AGENT CHANGE PET HEALTH USA INC.

Certificate of Status	0
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Estimated Charge	\$35.00



(M) CR2E045 (04/13)

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

in order	rovisions by sections day to be considered and the laws of the State of 1 to change its registered office or registered agent, or both, in the State of F	Torida.	
l. The name of th	ne corporation: PET HEALTH USA INC.		
2. The principal c	office address: 10043 Sunset Strip		
Sunrise, FL 33321			
3. The mailing ac	ddress (if different):	1.40.50	
4. Date of incorp	oration/qualification: 02/18/2010 Document number: P100000	14950	
5. The name and	street address of the current registered agent and registered office on file witness of State: (If resigned, enter resigned)	ith the	
	CORPORATION SERVICE COMPANY	_	202
	1201 HAYS STREET	· —	
	TALLAHASSEE, FL 3230!		2024 JAN 31
6. The name and (if changed):	I street address of the new registered agent (if changed) and (or registered o	ffice	EI 9: 54
	A1A REGISTERED AGENT INC.	_	-
	5647 HOTH AVENUE NORTH	-	
	P.O. Box. NOT acceptable ROYAL PALM BEACH, FL 33411		
The street address changed will	ess of its registered office and the street address of the business office of the identical.	its registe	red agent.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by a he board, or the corporation has been notified in writing of the change.	n officer :	30
Allanaa Ca	ALFONSO J REYES . President		
I hereby accept I further agree of my duties, at	Printed or typed time and the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and condition of amiliar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address. Their is been notified in writing of this change.		erformance Or, if this rm that the
Ling	O1/31/2024 Date Date		
If signing on b	cehali of an entity:		
TINA MAKI I			
	Typed or Printed Name		
	* * * FILING FEE: \$35.00 * * *		
; N	Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, F	L 32314	

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