

P10000055466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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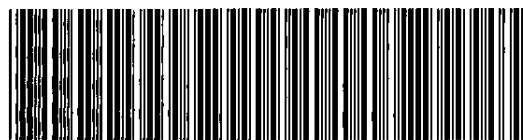
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Coast Pet Clinic, P.A.
Name of Corporation

DOCUMENT NUMBER: P10000055466

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:

Catherine K. Sheffield
Name of Contact Person

Palm Coast Pet Clinic, P.A.
Firm/Company

5 Utility Drive, Unit#8
Address

Palm Coast, FL 32137
City/State and Zip Code

palmcoastpetclinic@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stan Sheffield at (386) 445-8519
Name of Contact Person 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

**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: Palm Coast Pet Clinic, P.A.
2. The principal office address: 5 Utility Drive, Unit#8, Palm Coast, FL 32137
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 2, 2010 Document number: P10000055466
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)

Timothy J. Conner

4488 N. Oceanshore Blvd.

Palm Coast, FL 32164

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

Catherine K. Sheffield

Palm Coast Pet Clinic, P.A.

P.O. Box NOT acceptable

5 Utility Drive, Unit#8, Palm Coast, FL 32137

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.

Catherine K. Sheffield
Signature of an officer or director

Catherine K. Sheffield, 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.

Catherine K. Sheffield
Signature of Registered Agent

11/16/2010
Date

If signing on behalf of an entity:

Catherine K. Sheffield
Typed or Printed Name

*** FILING FEE: \$35.00 ***

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