

P140000 45127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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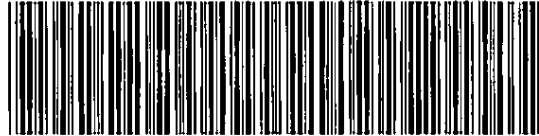
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 23 2017

T SCHROEDER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: CHRISTOPHER T. MOLE, D.V.M., P.A.  
Name of Corporation

DOCUMENT NUMBER: P14000045127

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:

Christopher Mole

Name of Contact Person

Seminole Animal Hospital

Firm/Company

2515 w 25th street

Address

Sanford, FL 32771

City/State and Zip Code

cmole1000@aol.com

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

For further information concerning this matter, please call:

Lisa Allison

Name of Contact Person

at ( 407 ) 3307387

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: CHRISTOPHER T. MOLE, D.V.M., P.A

2. The principal office address: 2515 W 25th Street, Sanford FL 32771

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/20/2014 Document number: P14000045127

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)

Lucinda Tudor (resigned/incorrect information)

180 S. KNOWLES AVE. SUITE 7 WINTER PARK, FLORIDA, FL 32789 US

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

Chris Mole

2235 Hillshire Dr

P.O. Box NOT acceptable

Orlando, FL 32828

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.

Chris Mole

Signature of an officer or director

Christopher Mole, Owner

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.*

Chris Mole

Signature of Registered Agent

07/16/2019

Date

If signing on behalf of an entity:

Christopher Mole

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

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