

PM000034485

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SECRETARY OF STATE  
TREASURY/REGISTRATION

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Callahan Animal Hospital, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P 170000 34485

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:

Walter Swanson, D.V.M.  
Name of Contact Person

Callahan Animal Hospital  
Firm/Company

541990 U.S. Hwy 1 / P.O. Box 1006  
Address

Callahan, FL 32011  
City/State and Zip Code

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

For further information concerning this matter, please call:

Walter Swanson, D.V.M. at ( 904 ) 879-3775  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Callahan Animal Hospital, Inc.  
2. The principal office address: 541990 U.S. Hwy 1  
Callahan, FL 32011  
3. The mailing address (if different): P.O. Box 1006  
Callahan, FL 32011  
4. Date of incorporation/qualification: Apr 14, 2017 Document number: P170000344-85  
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)

(Resigned) Legaline Corporate Services Inc.  
5237 Summerlin Commons  
STE 400 Fort Myers, FL 33907

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

(Changed) Walter Swanson D.V.M.  
541990 U.S. Hwy 1  
Callahan, FL 32011  
P.O. Box NOT acceptable

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.

Walter Swanson DVM  
Signature of an officer or director

Walter Swanson DVM 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.

Walter Swanson  
Signature of Registered Agent

4-17-2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (03/12)

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