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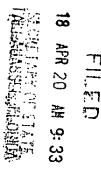




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APR 23 2018 S. YOUNG



COVER LETTER

TO:	Amendment Section Division of Corporations		
	1 11 1	Λ	111

SUBJECT: Callahan Animal Hospital, Inc.
Name of Corporation

DOCUMENT NUMBER: \$\mathcal{P} / 70000 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:

Name of Contact Person

Callahan Animal Hospital

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

Callaham, FL.32011
City/State and Zip Code

Watter Swanson avm @ gmail. Com

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

For further information concerning this matter, please call:

Ma Ha Swa uson b. 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

CR2E045 (03/12)

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: Ca Hahan Anima (HOSpita, Inc.
2. The principal office address: 341490 U.S. HWY 1
3. The mailing address (if different): D. D. BOY 1006
Callaham, 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)
a Legaline Corporate Services Inc.
resigned 5237 Summer lin 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):
1 Malter-Swanson D.V.M.
Janged 541990 U.S. Hwy 1
P.O. Box NOT acceptable
- CHANGA FC SZOTI
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.
Walts Manton DVM Uk Hers wanson SVM President Signature of an officer or director 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.
Math Manon 4-17-2018
Sphafure of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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