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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

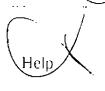
**Enter the email address for this business entity to be used for with annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE JOSUE PADILLA, D.V.M, P.A.

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

| statement of che | inge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida ; vorganized under the laws of the State of _ vegistered agent, or both, in the State of F | |
|---|---|---|------------------------------|
| 1. The name of | the corporation: JOSUE PADILLA. | , D.V.M. P.A. | |
| | 1 | | |
| 3. The mailing a | iddress (if different): | | |
| 4. Date of incorporation/qualification: 04/13/2023 Document number: P230000 | | 19429 | |
| 5. The name and Florida Depar | d street address of the current regis- itment of State: (If resigned, enter) | tered agent and registered office on file wiresigned) | th the |
| | GALVAN MESSICK, PLLC | | |
| | 951 YAMATO ROAD | | 2024 FEB -9 SECRETAN TALLAHA |
| | BOCA RATON, FL 33431 | | - E8 - 1 |
| 6. The name and (if changed): | f street address of the new registere | ed agent (if changed) and /or registered off | 9 AMII: 0 |
| | Registered Agents Inc | | I O |
| | 7901 4TH ST N STE 300 | | ं ताः " |
| | | P.O. Boy NOF acceptable | • |
| | ST. PETERSBURG, FL 33702 | | |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its | s registered agent, |
| | | dopted by its board of directors or by an een notified in writing of the change. | |
| 1 Co-bac t | CALL ALCOHOLOGICAL | Robin Jones, filing incorporator printed or typed name and no | I& |
| I hereby accept I further agree i of my duties, an document is bei | the appointment as registered ago | ent and agree to act in this capacity. Il statutes relative to the proper and com he obligation of my position as registered e in the registered office address. I hereb | unleta narformance |
| David 7 | Coberts | 02/09/2024 | |
| Sign | naude of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| David Roberts | | | |
| T | pped or Printed Name | | |