Pa6000010098

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





000293149450

12/19/16--01028--025 **35.00

TILEU PH 3: 01

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PetMed Express, Inc.

Name of Corporation

P9600010098

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:

Alison Berges

Name of Contact Person

PetMed Express, Inc.

Firm/Company

420 South Congress Avenue

Address

Delray Beach, FL 33445

City/State and Zip Code

aberges@1800petmeds.com

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

For further information concerning this matter, please call:

Alison Berges

,561

526-4444

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
Tallahassec, FL 32301

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

statement of ch	erprovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: PetMed Express, Inc. l office address: 420 South Congress Avenue, Delray Beach, FL 33445	
2. The principal	Toffice address: Value of the state of the s	
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 1/29/1996 Document number: P960000100982	7
	d street address of the current registered agent and registered office on file with the artiment of State: (If resigned, enter resigned)	7
	Bruce Rosenbloom 1441 SW 29th Avenue	Ş
	1441 SW 29th Avenue	9
	Pompano Beach, FL 33069	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Bruce Rosenbloom .	
	420 South Congress Avenue	
	P.O. Box NOT acceptable	
	Delray Beach, FL 33445	
The street addr as changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.	
Such change wauthorized by	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
	Alison Berges Printed or typed name and title	
I hereby accept I further agree performance of agent Or if th	the appointment as registered agent and agree to act in this capacity. It he appointment as registered agent and agree to act in this capacity. It has been notified in writing of this capacity. It has been notified in writing of this change. Printed or typed name and title	
Sig	gnature of Registered Agent Date	
If signing on be	chalf of an entity:	
т	Typed or Printed Name	

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