10/31/22, 8:15 AM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6380

Erom:

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Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397 Fax Number : (800)567-4398

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

Email Address:_

REGISTERED AGENT CHANGE PETMED EXPRESS, INC.

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5196 From: Kimberly Rog

COVER LETTER

FO: Amendment Section Division of Corporations	;
SUBJECT: PETMED EXPRESS, INC. Name of Corporation	
Name of Corporation	
DOCUMENT NUMBER: P96000010098	
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	
Roxanne K. Beilly Name of Contact Person	
PETMED EXPRESS, INC. Firm/Company	
Firm/Company	
420 SOUTH CONGRESS AVENUE	
Address	
DELRAY BEACH, FL 33445	
City/State and Zip Code	
rbeilly@gmail.com	
E-mail address: (to be used for future annual re-	port notification)
For further information concerning this matter, plea	se call:
URS AGENTS C/O LAUREN JOHNSON	at (800) 567-4397 Area Code & Daytime Telephone Number
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

	covisions of sections 607,0502, 617,0502, ge is submitted for a corporation organiz to change its registered office or register	ed under the laws of the State 0) $ o$	<u> </u>		
	. PETMED EXPRESS, INC.				
2. The principal of	e corporation:	ELRAY BEACH, FL 33445	. 		
4. Date of incorp	oration/qualification: 01/29/1996	Document number: Pshotoori			
5. The name and	street address of the current registered agment of State: (If resigned, enter resigned	ent and registered office on file wit	h the		
	URS AGENTS INC.				
	3458 LAKESHORE DR				
	TALLAHASSEE, FL 32312		2022		
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered off		FILE	
	URS AGENTS, LLC			0	
	URS AGENTS, LLC 3458 LAKESHORE DR P.O Box NOT acceptable				
	TALLAHASSEE, PL 32312		-		
The street addr	ess of its registered office and the street	address of the business office of it	ts registered ag	ent.	
Such change wanthorized by 1	as authorized by resolution duly adopted to hearth or the corporation has been no	l by its board of directors or by an tified in writing of the change.	officer so		
	Linistine Chambers	Christine Chambers, CFO		·	
	TOTAL TRACTION AND CONTRACTOR	Printed or typed name and to	иe		
I hereby accep I further agree of my duties, a document is be corporation ha	the appointment as registered agent an to comply with the provisions of all stated ad I am familiar with and accept the obling filed merely to reflect a change in the s been notified in writing of this change	d agree to act in this capacity, ures relative to the proper and con igation of my position as registere e registered office address. I here	nplete perforn af agent. Or, i by confirm tha	iance f this it the	
Llin	Medistered Agent	10 28 2027 Date		-	
If signing on b	chalf of an entity:				
_	NSON, ASST, SECRETARY Typed or Printed Name				
	* * * FILING F	EE: \$35.00 * * *			