

P960000011510

Requestor's Name

Delmain
6638 Parson Brown Ct
Orlando FL
32819

Office Use Only

IBER(S), (if known):

1. _____ (Corporation Name) (Document #) 400002058574--7
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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97 JAN 13 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
RECEIVED
96 DEC 29 AM 6:35

SH 1/4



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 7, 1997

Diane Delmain
6638 Parson Brown Ct.
Orlando, FL 32819

SUBJECT: FLORIDA CAT HOSPITAL, INC.
Ref. Number: P96000011510

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The to change the registered agents name or address is \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 397A00000637

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of FL submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Florida Cat Hospital Inc

2. The mailing address of the corporation is: 7601 Della Dr., Suite 17
Orlando FL 32819

3. Date of incorporation/qualification: 2/2/96 Document number: P96000011510

4. The name and address of the current registered agent and office:

2530 Alhara Ave
Orlando FL 32833
Diane Delmain - Florida Cat Hospital Inc

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

7601 Della Dr. Suite 17
Orlando, FL 32819
Diane Delmain - Florida Cat Hospital Inc

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.

D. Delmain DVM 12-18-96
(Signature of an officer, chairman or vice chairman of the board) (Date)

Diane Delmain DVM, president
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

D. Delmain DVM 12-18-96
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Diane Delmain DVM President
(Typed or Printed Name) (Capacity)