

P 96 0000 83088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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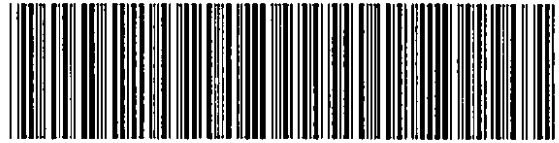
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Nassau Veterinary Hospital, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P96000083088

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:

Anthony P Valente Jr Esquire

Name of Contact Person

Law Office of Anthony P Valente Jr

Firm/Company

10126 Tarpon Drive

Address

Treasure Island, FL 33706

City/State and Zip Code

Anthonyvalentejr@Verizon.net

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

For further information concerning this matter, please call:

Anthony P Valente Jr Esquir at ( 727 ) 360-0330

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

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Nassau Veterinary Hospital, Inc.

2. The principal office address: 851015 US HWY 17, Yulee, FL 32097

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/02/1996 Document number: P96000083088

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)

ANTHONY P VALENTE JR ESQUIRE

5100 FIRST AVENUE NORTH

ST. PETERSBURG, FL 33710

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANTHONY P VALENTE JR ESQUIRE

10126 TARPON DRIVE

P.O. Box NOT acceptable

TREASURE ISLAND, FL 33706

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

JUNE 27, 2018

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Anthony P Valente Jr Esquire

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314