10/31/22, 8:18 AM

Division of Corporations

Florida Department of State

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To:

Page 1 of 3

Division of Corporations

Fax Number : (850)617-6380

From:

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.

| Emai | 1 | Address |
|------|---|---------|

REGISTERED AGENT CHANGE SOUTHEASTERN VETERINARY EXPORTS, INC.

| Certificate of Status | 0 | | |
|-----------------------|---------|--|--|
| Certified Copy | 0 | | |
| Page Count | 01 | | |
| Estimated Charge | \$35.00 | | |

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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|--------------|--|
| SUBJ Name | ECT: SOUTHEASTERN VETERINARY EXPORTS, INC. of Corporation |
| DOCU | UMENT NUMBER: P97000040807 |
| The er | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| | return all correspondence concerning this matter to the following: |
| Roxan | one K. Beilly Fol Contact Person |
| Name | of Contact Person |
| SOLIT | the astern veterinary exports. Inc. |
| Firm? | Company |
| 420 S | OUTH CONGRESS AVENUE |
| Addr | acc . |
| DELF | RAY BEACH, FL 33445 State and Zip Code |
| City | State and Zip Code |
| | and the second s |
| E-ma | ricilly@gmail.com nil address: (to be used for future annual report notification) |
| For f | urther information concerning this matter, please call: |
| URS | AGENTS C/O LAUREN JOHNSON at (800) 567-4397 Name of Contact Person 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

CR2F045 (04/F5)

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

| and amount of Alen | as is submitted for a corporation organ | 2, 607,1508, or 617,1508. Florida Statut ized under the laws of the State of FL ered agent, or both, in the State of Floria | | | |
|--|--|---|--------------------------------|----------------------------|----------------|
| | SOUTHEASTERN VETE | RINARY EXPORTS, INC. | | | |
| 2. The principal c | office address: 420 \$ CONGRESS AVE. I | DELRAY BEACH, FL 33445 | | | |
| a tree multipe of | Money (if different): | | | | - |
| The maning ac Date of incorp | <i></i> | | - | | |
| 5. The name and | street address of the current registered a ment of State: (If resigned, enter resign | igent and registered office on file with th | ic . | | |
| | URS AGENTS INC. | | | | |
| | 3458 LAKESHORE DR | | , | 2(| |
| | TALLAHASSEE, FL 32312 | | |)22 01 | |
| TALLAHASSEE, FL 32312 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | $\frac{\omega}{2}$ | FILE |
| | URS AGENTS, LLC | | | PH 4: | <u>.</u> |
| | 3458 LAKESHORE DR | ox NOT acceptable | 1. 3.4 | ı: 39 | |
| | TALLAHASSEE, FL 32312 | | • | | |
| The street address changed will | ess of its registered office and the stree be identical. | at address of the business office of its re | gistered | l agent | |
| Such change wa authorized by 1 | ns authorized by resolution duly adopt ne board, or the corporation has been i | ed by its board of directors or by an off notified in writing of the change. | icer so | | |
| 7 | | Christine Chambers, President | | | |
| | SETENCE STEED OF THE CONTROL | Printed or Typed name and title | | | |
| I hereby accept I further agree of my duties, a document is be corporation ha | the appointment as registered agent of to comply with the provisions of all sto ud I am familiar with and accept the of ing filed merely to reflect a change in s been potified in writing of this chang | md agree to act in this capacity, unies relative to the proper and comple bligation of my position as registered a the registered office address, I hereby c e. | ae perfe gent. O confirm | rman r if th that th | re is ie |
| Raini | phature of Negistered Agent | 10 28 2022 Date | <u></u> | | • |
| If signing on b | ehalf of an entity: | | | | |
| | NSON, ASST. SECRETARY | | | | |
| | Typed or Printed Name | ere, cie as y * * | | | |
| | * * * FILING | FEE: \$35.00 * * * | | | |