

S27 316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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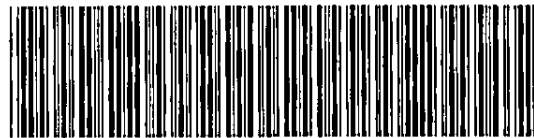
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Kitty Hawk Veterinary Service, P.A.  
Name of Corporation

DOCUMENT NUMBER: S27310

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:

Donna F. Shannon  
Name of Contact Person

Kitty Hawk Veterinary Services, PA  
Firm/Company

P.O. Box 55035  
Address

St. Petersburg FL 33732  
City/State and Zip Code

dshannondv@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Shannon at (727) 577-5260  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kitty Hawk Veterinary Services, PA
2. The principal office address: 15594 Evergreen Ave, Unit 10  
Clearwater, FL 33762
3. The mailing address (if different): P.O. Box 55035  
St. Petersburg, FL 33732
4. Date of incorporation/qualification: 1/24/1991 Document number: S27310

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)

Shannon, Donna F DVM.  
330 90th Avenue  
St. Petersburg, FL 33702

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

Richard E. Shield  
12670 New Brittany Blvd, Suite 20,  
P.O. Box NOT acceptable  
Ft. Myers, FL 33907

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.

Donna F. Shannon  
Signature of an officer or director

Donna F. Shannon, President  
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.

Richard E. Shield  
Signature of Registered Agent

8/22/18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (03/12)