

V54017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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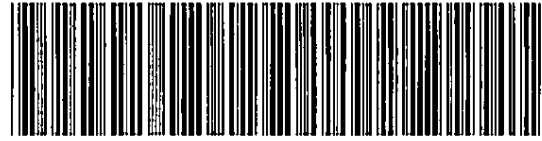
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Coral Gables Animal Hospital, Inc.  
Name of Corporation

DOCUMENT NUMBER: V54017

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:

Peter M. Hockman  
Name of Contact Person

Law Office of Peter Hockman  
Firm/Company

90 SW 8 Street, Suite 3100  
Address

Miami, FL 33130  
City/State and Zip Code

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

For further information concerning this matter, please call:

Peter M. Hockman      305      536-8857  
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

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

1. The name of the corporation: Coral Gables Animal Hospital, Inc.

2. The principal office address: 4529 Prince de Leon Blvd.  
Coral Gables, FL 33146

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

4. Date of incorporation/qualification: Dec. 15, 1997 Document number: V54017

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)

Richard Baron  
111 E. Flagler Street, Suite 700  
Miami, FL 33131

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

Peter M. Hockman  
80 SW 8 Street, Suite 3100  
P.O. Box NOT acceptable  
Miami, FL 33130

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STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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]  
Signature of an officer or director

Brad Richter 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.

[Signature]  
Signature of Registered Agent

4/10/20  
Date

If signing on behalf of an entity:  
Peter M. Hockman  
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  
CR2FD45 (04/13)