

K54017



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ALBRIGHTON

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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ALBRITTON

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, *inc.*
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: 4569 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)

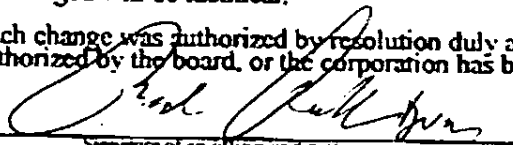
Richard Baron
111 E. Flagler Street, Suite 700
Miami, FL 33131

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

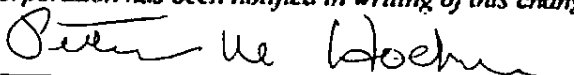
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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

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 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
CR2E045 (04/13)

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