	undergan Grimes, Secretary of KY Secretary of State Received and Filed		Commonwealth of Kentucky on Lundergan Grimes, Secretary of State Received and Filed	
	Statement of Change o	Fee receipt: \$10.00	1	
		Alison Lundergan Grimes, Secretary o	Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of rgan Grimes Statement of Change	

Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Statement of Change on Registered Office, Registered Agent, or Both

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

FLORENCE VETERINARY HOSPITAL, INC.

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent	2. Registered agent is hereby changed to:
DANIEL J. DAVIS	DANIEL J. DAVIS
3. Address of current registered office	4. Registered office is hereby changed to:
8113 US HWY 42 ATTN: DAN DAVIS FLORENCE, KY 41042	7801 US HWY 42 ATTN: DAN DAVIS FLORENCE, KY 41042

5. Signature of officer or chairman of the board	6. Consent of new agent
Daniel Davis, President Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
Type or print name and title	Signature and Title
9/13/2018 11:13 AM Date	Type or print name and title

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RAC