

PP8000039129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

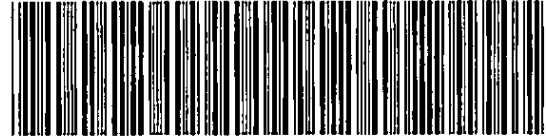
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/21--01021--025 **52.50

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2021 JUL 26 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FL

Amend

JUL 28 2021

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALL ANIMAL & BIRD HOSPITAL, INC.

DOCUMENT NUMBER: P98000039129

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER SANCHEZ, FRP
Name of Contact Person

AMY B. VAN FOSSEN, PA
Firm/ Company

1696 WEST Hibiscus Blvd., Suite A
Address

MELBOURNE, FLORIDA 32901
City/ State and Zip Code

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

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 2021 JUL 26 PM 12:18
 SECRETARY OF STATE
 TALLAHASSEE, FL

For further information concerning this matter, please call:

KAITLIN J. STOLZ, ESQ. at (321) 345-5945
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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



RECEIVED

2021 JUN 11 2 3:02 PM
FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2021

KAITLIN J STOLZ, ESQ.
AMY B. VAN FOSSEN, P.A.
1696 WEST HIBISCUS BLVD., SUITE A
MELBOURNE, FL 32901

SUBJECT: ALL ANIMAL & BIRD HOSPITAL, INC.
Ref. Number: P98000039129

We have received your document for ALL ANIMAL & BIRD HOSPITAL, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You just need to file the Articles of Amendment since you made all the changes in them. The Law requires that you list a registered agent. You have listed 2 so please remove one of them.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 821A00012252

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
ALL ANIMAL & BIRD HOSPITAL, INC.**

Document Number: P98000039129

FILED
2021 JUL 26 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

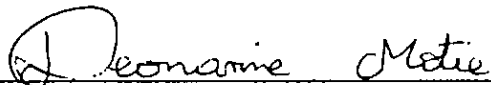
- A. If amending name, enter the new name of the corporation: N/A
- B. Enter new principal office address, if applicable: N/A
- C. Enter new mailing address, if applicable: N/A
- D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: **DEONARINE MOTIE**
Co-Personal Representatives for the
Estate of ANIRUDE MOTIE

Address of New Registered Agent: **8696 Thornbrook Terrace Point
Boynton Beach, FL 33473**

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent

DEONARINE MOTIE, Co-Personal Representative for the Estate of ANIRUDE MOTIE

If amending the Offices and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	President	ANIRUDE MOTIE	
<input type="checkbox"/> Add	Director		
<input checked="" type="checkbox"/> Remove			

If amending the Offices and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	President Director	ANIRUDE MOTIE	
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	President Director	ANDRE MOTIE Co-Personal Representative for the Estate of Anirude Motie	6611 N. St. Catherine Court Fresno, CA 93711
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	President Director	DEONARINE MOTIE Co-Personal Representative for the Estate of Anirude Motie	8696 Thornbrook Terrace Point. Boynton Beach, FL 33473

E. If amending or addition additional Articles, enter change(s) here: N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: N/A

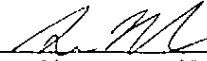
The date of each amendment(s) adoption: N/A

Effective date, if applicable: N/A

Adoption of Amendment(s) (CHECK ONE)

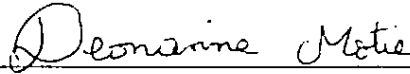
- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups.

Dated 03/11/21



Signature of President/Director

ANDRE MOTIE, Co-Personal Representative for the Estate of ANIRUDE MOTIE



Signature of New President/Director

DEONARINE MOTIE, Co-Personal Representative for the Estate of ANIRUDE MOTIE

Filing # 121564908 E-Filed 02/17/2021 02:37:58 PM

IN THE CIRCUIT COURT FOR BREVARD COUNTY,
FLORIDA PROBATE DIVISION
IN RE: ESTATE OF

ANIRUDE MOTIE A/K/A File No. 05-2021-CP-11406
ANIRUDE MOTIE, DVM
A/K/A DR. ANIRUDE MOTIE Division PROBATE
Deceased.

LETTERS OF ADMINISTRATION
(multiple personal representatives)

TO ALL WHOM IT MAY CONCERN

WHEREAS, ANIRUDE MOTIE A/K/A ANIRUDE MOTIE, DVM A/K/A DR. ANIRUDE MOTIE, a resident of Brevard County, Florida, died on January 9, 2021, owning assets in the State of Florida, and

WHEREAS, ANDRE MOTIE and DEONARINE MOTIE have been appointed personal representatives of the estate of the decedent and have performed all acts prerequisite to issuance of Letters of Administration in the estate.

NOW, THEREFORE, I, the undersigned circuit judge, declare ANDRE MOTIE and DEONARINE MOTIE duly qualified under the laws of the State of Florida to act as personal representatives of the estate of ANIRUDE MOTIE A/K/A ANIRUDE MOTIE, DVM A/K/A DR. ANIRUDE MOTIE, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; and to pay the debts of the decedent as far as the assets of the estate will permit and the law directs. However, until further Order of this Court, the personal representatives shall not: (1) sell, transfer, or otherwise dispose of any right, title or interest in the property located at 4836 Hidden Palm Place, Melbourne, Florida 32904; (2) mortgage, impose any lien, or permit any lien to be imposed on the property located at 4836 Hidden Palm Place, Melbourne, Florida 32904; or (3) make any distribution to a beneficiary, whether characterized as an asset, income, Personal Representative fees, payment of a creditor's claim or otherwise.

DONE AND ORDERED in Brevard County, Florida on this 17th day of February, 2021.

052021CP011406XXXXXX 02/17/2021
DAVID EDWARD SILVERMAN CIRCUIT JUDGE
David E. Silverman

052021CP011406XXXXXX 02/17/2021
DAVID EDWARD SILVERMAN
CIRCUIT JUDGE

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the foregoing was filed with the Clerk of the Court this 17th day of February, 2021 by using the Florida Courts E-Filing Portal. Accordingly, a copy of the foregoing is being served on this day to all attorney(s)/interested parties identified on the Portal Electronic Service List, via transmission of the Notice of Electronic Filing generated by the Portal.

Name	Email Address
Alec Russell	alec.russell@gray-robinson.com
Amy B van Fossen	tonimarie.dalessandro@gray-robinson.com ashley@amybvantfossen.com greg@amybvantfossen.com Service@amybvantfossen.com
Sergio Muniz Jr	sergiomuniz2003@yahoo.com sergiomunizjr@utexas.edu
Tiffany Mary Decossaux	Tiffany.Decossaux@gray-robinson.com ToniMarie.DAlessandro@gray-robinson.com

STATE OF FLORIDA, BREVARD COUNTY
I HEREBY CERTIFY that the foregoing is a true copy of the Letters filed in this office which remain in full force and effect as of this date.
RACHEL M. SADOFF, Clerk of Court

Date 2.19.21 By *[Signature]*
Deputy Clerk

