494180

| (Red | questor's Name) | |
|---------------------------|-------------------|-----------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nam | ne) |
| . (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



900257365229



amend

03/05/14--01013--015 **35.00



P 11/14

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: DONALD E | BURROUGHS, E | D.V.M., P.A. | | |
|------------------------------------|---|--|--|--|--|
| DOCUMENT NUM | BER: 494180 | | <u>.</u> | | |
| | s of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | espondence concerning this ma | tter to the following: | | | |
| | SUSAN E. COM | IPTON | | | |
| | Name of Contact Person | | | | |
| | THE ANIMAL CLINIC OF SAINT PETERSBURG | | | | |
| | | Firm/Company | | | |
| | 3201 46th Aven | ue North | | | |
| | | Address | | | |
| Saint Petersburg, Fl. 33714-3819 | | | | | |
| | | City/ State and Zip Code | e | | |
| | comptonC13@ad | ol.com | · | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further information SUSAN E. C | on concerning this matter, pleas | | 525-0966 | | |
| Name of Contact Person | | at (Area Co | 525-0966 de & Daytime Telephone Number | | |
| | or the following amount made | | | | |
| ■ \$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 | | Street | Address | | |
| | nendment Section | Amendment Section | | | |
| | vision of Corporations D. Box 6327 | | on of Corporations Building | | |
| | lahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | | |
| 1 41141145000, 1 L J L J 1 1 | | Tallahassee, FL 32301 | | | |



Articles of Amendment

to

Articles of Incorporation

of

FILED

| DONALD BURROUGHS | s, D.V.M., P.A. | 2014 MAR -5 | AM 10: 33 |
|---|---|---|--------------------------------|
| (Name of Corporation as | currently filed with the Florida Dept. of Sta | nte) SEC LIARY FALLAHASSE | OF STATE, |
| 494180 | | TALLAHASSE | E. FLORIUM |
| (Documer | nt Number of Corporation (if known) | 8 | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this <i>Florida Profit Cor</i> | poration adopts the follow | ring amendment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | |
| | | | The new |
| "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | | r "incorporated" or the nal corporation name mus | abbreviation st contain the |
| B. Enter new principal office address, (Principal office address <u>MUST BE A S</u> | | | |
| C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> | | | |
| D. If amending the registered agent an new registered agent and/or the new | d/or registered office address in Florida, en | ter the name of the | |
| Name of New Registered Agent | SUSAN E. COMPTON | | |
| | 14113 BACKWOODS WAY | <u> </u> | |
| | (Florida street address) | | |
| New Registered Office Address: | BROOKSVILLE | _, Florida 34614 | |
| ten registered oppositively con. | (City) | (Zip Code) | |
| As a | hanging Registered Agent: vered agent. I am familiar with and accept the www.company. gnature of New Registered Agent, if changing | obligations of the position | <i>1</i> . |

If amending the Officers 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:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | | | | |
|----------------------------|--------------|------------------|---------------------|--|--|--|
| X Remove | <u>v</u> | Mike Jones | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s | | | |
| 1) Change | ٧ | DONALD BURROUGHS | 1737 TALL PINE CIR | | | |
| Add | | | SAFETY HARBOR, FL | | | |
| Remove | | | 34695-5204 | | | |
| 2) Change | Р | SUSAN E. COMPTON | 14113 BACKWOODS WAY | | | |
| Add | | | BROOKSVILLE, FL | | | |
| Remove | | | 34614 | | | |
| 3) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| (Attacti t | additional chaati | e if wasassami) | icles, enter char (Be specific) | | | |
|-----------------------|---|--|---------------------------------------|---|--|---------------|
| | zaamonai sneets | s, ij necessary). | (De specijic) | | | |
| | | | | | | |
| | | | | | | |
| | | - · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
| | - | | | | | |
| | | | | | | |
| | | | | | | |
| | | - ·· · | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 1 31.1.2 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | ·· | | | |
| | | | | ······································ | | |
| | | | | | | |
| | | | | | | - |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| If an an | nendment prov | ides for an excl | nange, reclassif | ication, or cancell | lation of issued sha | res, |
| provisi | ions for implem | nenting the ame | nange, reclassif andment if not c | ication, or cancell contained in the a | lation of issued sha mendment itself: | res, |
| <u>provisi</u> (if | nendment provions for implem not applicable, | nenting the ame | nange, reclassif indment if not c | ication, or cancell contained in the a | lation of issued sha mendment itself: | ires. |
| <u>provisi</u> (if | ions for implem | nenting the ame | nange, reclassif andment if not c | ication, or cancell contained in the a | lation of issued sha mendment itself: | ires. |
| <u>provisi</u> (if | ions for implem | nenting the ame | nange, reclassif indment if not c | ication, or cancell entained in the a | lation of issued sha mendment itself: | ires, |
| <u>provisi</u> (if | ions for implem | nenting the ame | nange, reclassif indment if not c | ication, or cancel contained in the a | lation of issued sha mendment itself: | ires, |
| <u>provisi</u> (if | ions for implem | nenting the ame | nange, reclassift andment if not c | ication, or cancel contained in the a | lation of issued sha mendment itself: | ires, |
| <u>provisi</u> (if | ions for implem | nenting the ame | nange, reclassif indment if not c | ication, or cancel contained in the a | lation of issued sha mendment itself: | res. |
| <u>provisi</u> (if | ions for implem | nenting the ame | nange, reclassif indment if not c | ication, or cancel contained in the a | lation of issued sha mendment itself: | ires. |
| <u>provisi</u> (if | ions for implem | nenting the ame | nange, reclassift indment if not c | ication, or cancel | lation of issued sha mendment itself: | ires, |
| provisi | ions for implem | nenting the ame | nange, reclassif andment if not c | ication, or cancel | lation of issued sha mendment itself: | ires, |
| <u>provisi</u> (if | ions for implem | nenting the ame | nange, reclassif indment if not c | ication, or cancel contained in the a | lation of issued sha mendment itself: | ires. |
| <u>provisi</u> (if | ions for implem | nenting the ame | nange, reclassift indment if not c | ication, or cancel | lation of issued sha mendment itself: | ires, |
| <u>provisi</u> (if | ions for implem | nenting the ame | nange, reclassif | ication, or cancel | lation of issued sha mendment itself: | ires, |

| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: APRIL 1, 2014 | |
| (no more than 90 days after amendment file date) | |
| | |
| Adoption of Amendment(s) (CHECK ONE) | |
| 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. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated MARCH 3, 2014 | |
| Signature Tomal Burgan M | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| DONALD BURROUGHS | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |