## 595740

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## **COVER LETTER**

. •	TO: Amendment Section Division of Corporations					
	NAME OF CORPORATION: Matthews Animal Hospital, Inc.					
	DOCUMENT NUMBER: 595740					
The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:						
	For further information concerning this matter, please call:					
_	1 racy Sprunger at (863) 494 2101  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:					
	S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee SCERTIFICATE OF STATUS (Additional copy is enclosed)  S43.75 Filing Fee SCERTIFICATE OF STATUS (Certified Copy (Additional Copy is enclosed)					
	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					

## Articles of Amendment Articles of Incorporation of

FILED

01	<b>Y</b> .	
Matthews Animal Hospi	tal Inc	2022_SEP =6_AM 11: 07
(Name of Corporation as currently	filed with the Florida Dept. of State)	опор пред при виже
<i>595740</i>		SECRE LARY OF STATE
(Document Number of C	Corporation (if known)	THEERTHOUSE, FL
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "co. "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A particle of the abbreviation "P.A."	mpany," or "incorporated" or the abbre orofessional corporation name must c	viation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
C. Enter new mailing address, if applicable:		
(Muiling address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amounting the amount and the amount of the address	on in 1710-ide ontonisko nomo ofisko	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Fibrida, enter the name of the	
Name of New Registered Agent		
(Florida stget	(address)	
New Registered Office Address:	, Florida	
10	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	de contrar a substitution of the second contrary of	
I hereby accept the appointment as registered agent. I am familiar wil	n and accept the obligations of the posit	ion,
Signature of Sew Reg	istered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	), F.S.	
- · /		

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)

Example:

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.

<u>λ</u> Change	<u>P1</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>S</u>	WRIGHT, PAM	109 S. DESOTO AVE
Add			ARCADIA, FL 34266
Remove 2) Change Add	S	SORREUS, SARAH	109 S. DESOTO AVE ARCADIA FL 34246
Remove 3 ) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

Aitach ada	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)
•	
<del>_</del>	
<del></del> .	<del></del>
<del></del>	
,	
lf an amen	dment provides for an exchange, reclassification, or cancellation of issued shares,
provision:	s for implementing the amendment if not contained in the amendment itself:
(if not	t applicable, indicate N/A)
	<del></del>
<u>_</u>	

The date of each amendment(s) adoptio date this document was signed.	n: 8-26-2022	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	tho more than 90 days after amenament file date)	
Note: If the date inserted in this block d document's effective date on the Department	oes not meet the applicable statutory filing requirements, this deent of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted b action was not required.	ey the incorporators, or board of directors without shareholder acti	ion and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment at for approval.	(s)
	by the shareholders through voting groups. The following statem oring group entitled to vote separately on the amendment(s):	ent
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
selected, by a	m John John John John John John John John	<u> </u>
<del></del>	Adam Sorrells (Typed or printed name of person signing)	<del></del>
	President Dwner (Title of person signing)	