604533

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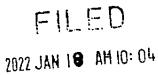


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PARK ANIMAL F	HOSPITAL, INC.					
DOCUMENT NUM			<u> </u>				
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corre	spondence concerning this ma	tter to the following:					
	GUILLERMO A. RUIZ, ESC	QUIRE					
	Name of Contact Person						
	GUILLERMO A, RUIZ, P.A.						
	Firm/ Company						
	2901 FIFTH AVENUE N.						
	Address						
	ST. PETERSBURG, FL 33713						
	City/ State and Zip Code						
	Guillermo@RuizLawyers.com						
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:					
GUILLERMO A. RU		at (<u>727</u>	321-2728				
Name	of Contact Person	at (at Co-) de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made						
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
An Div P.C	iling Address lendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite \$10 assee, FL 32303				

Articles of Amendment to Articles of Incorporation of



PARK ANIMAL HOSPITAL, INC.

			SECRETARY OF STORE
(Name of Corporat	tion as currently	filed with the Florida	Dept. of State)HASSL
604533			
(Docu	iment Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Floric its Articles of Incorporation:	da Statutes, this F	Slorida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:		
RACHEL MAC, INC.			The new
name must be distinguishable and contain the word "e "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbi	.," or "Co". A		rated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A STREET AD			
			
C. Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE B	(<u>OX</u>)	10/74	
			
D. If amending the registered agent and/or registered agent and/or the new registered		ess in Florida, enter t	he name of the
N/A	d office address:		
Name of New Registered Agent			
	(Florida stre	et address)	-
New Registered Office Address: N/A			, Florida
		City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: Law familiar w	ith and accept the obli	vations of the position
r nerce, accept the appointment as registered agent.	i um juminum m	an and accept the wife	Santonia of the frontier
<u> </u>			
Sign	nature of New Re	gistered Agent, if chan	ging
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)

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.

X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>Y</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_	<u> </u>	
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
/A	
	·
	-
	·
	•
<u>.</u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment itsen.
'A	

The date of each amendment(s) :	adoption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareho	ler action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	oproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
select	director, president or other officer – if directors on officers have n ed, by an incorporator – if in the hands of a receiver, trustee, or on nted fiduciary by that fiduciary)	
	RACHEL MCGLAMERY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	