66557a

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
_		_
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	Filing Officer:	

Office Use Only



100262461721

07/21/14--01029--004 **35.00

14 JUL 21 PH 3: 42 SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Skyway Animal Hospital, Inc.		
DOCUMENT NUMBER:	665572		
The enclosed Articles of Amendme	n and fee are submitted for filing.		
Please return all correspondence co	cerning this matter to the following:		
	Dr. William C. Slocumb		
	Name of Contact Person		
s trade and an action of contract to contract	Skyway Animal Hospital, Inc. Finn Company		
3258 5th Avenue South			
	Address St.Petersburg, FL 33712		
** *** *** *** *** *** *** *** *** ***	City/State and Zip Code		
	skywayah@verizon.net		
F-mail:	ddress: (to be used for future annual report notification)		
<u> </u>	(c c c c c c c c c c c c c c c c c c c		
For further information concerning	his matter, please call:		
	Slocumb at (727) 327-5141		
Name of Contact Pe	son Area Code & Daytime Telephone Number		
Enclosed is a check for the following	amount made payable to the Florida Department of State:		
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S62.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Sect Division of Corpo P.O. Box 6327 Tallahassee, FL 3	Division of Corporations Clifton Building		

Tallahassee, FL 32301

Articles of Amendment

S. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviate Corp, "Thic.," or Co., "or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the cord "chartered." "professional association," or the abbreviation "P.A." S. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX): 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: **Lines of New Registered Agent** Dr. William C. Slocumb** 3258.5th_Avenue_South	
(Document Number of Corporation (if known) arsuant to the provisions of section 607.1006. Florida Statutes, this Florida Prafit Corporation adopts the following amend: Articles of Incorporation: If amending name, enter the new name of the corporation: The many must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation", "inc.," or Co.," or the designation "Corp." "Inc.," or Co.". A grafessional corporation name must contain ford "chartered." "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: (Mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MIST BE A POST OFFICE BOX) 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: In amending the registered Agent	
(Document Number of Corporation (if known) arsuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amends Articles of Incorporation: If smending name, enter the new name of the corporation: The manner must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp., "Thic.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the ord "chartered." "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If smending 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: **Company of New Registered Agent** Dr. William C. Slocumb 3258 5th Avenue South	
ursuant to the provisions of section 607.1006, Florida Stanutes, this Florida Prafit Corporation adopts the following amends Articles of Incorporation: If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation, ""ton," or Co.," or the designation "Corp." "line," or "Co". A professional corporation name must contain the cord "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address if applicable: Principal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: **Emperof New Equatorial Agent** Dr. William C. Slocumb 3258 5th Avenue South	
The mane must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation of "Corp.," "Inc.," or Co., "or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain to ord "chartered." "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: In the of May Registered Agent Dr. William C. Slocumb 3258 5th Avenue South	endment(s)
me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co., "A professional corporation name must contain toord "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Lenter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Lenter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) Lenter new mailing the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered affice address: Lines of New Engistered Agent Dr., William C., Slocumb 3258_5th_Avenue_South	
Corp., "Inc.," or Co., "or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain to ord "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) Letter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Letter new mailing 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: Linne of New Engistered Agent Dr., William C., Slocumb 3258 5th Avenue South	new
Principal office address MUST BE A STREET ADDRESS) Lenter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Linne of New Fegistered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Linne of New Fegistered Agent Dr. William C. Slocumb 3258 5th Avenue South	in the
O. 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: Manne of Man Engistered Agent Dr. William C. Slocumb 3258 5th Avenue South	
(Mailing address MAY BE A POST OFFICE BOX) 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: Mailing address MAY BE A POST OFFICE BOX	
O. 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: Manne of Man Engistered Agent Dr. William C. Slocumb 3258 5th Avenue South	
new registered agent and/or the new registered office address: Name of New Registered Agent Dr. William C. Slocumb 3258 5th Avenue South 3258	
new registered agent and/or the new registered office address: Name of New Registered Agent Dr. William C. Slocumb 3258 5th Avenue South 3258	
new registered agent and/or the new registered office address: Name of New Registered Agent Dr. William C. Slocumb 3258 5th Avenue South 3258	
new registered agent and/or the new registered office address: Name of New Registered Agent	
3258 5th Avenue South	
3258 5th Avenue South	
(Florida stront address)	
New Registered Office Address: St.Petersburg ,Florida 33712	
(Cip) (Etp Code)	

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

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

Signature of New Registered Agent, if changing

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 officevalvector 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 = ChiefExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hold. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Dos is listed as the P3T and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally South is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Femove, and Sally South, SV as an Add.

Example: X Change	<u>PT</u> <u>Joh</u>	u <u>i Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PD	Albert B. Few	4301 48th Avenue South
Add		Place of the final and address and account of a size of a size of a subsection of a size of a si	St.Petersburg, FL 33711
X Remove	PD	William C. Slocumb	1164 Murok Way S
2) X Change	************	WIIIIam C. Slocumb	
Add			St.Petersburg, FL 33705
Remove 3) Change			
Add	Manufact desirable (A total care - 1 a to care	Metaborinari (1994 Art 1971 S. 2). S.	
Remove			
4) Change			
Add			Market de la company de la com
Remove			
5) Change	e et et est est est est est est est est		
Add			
Remove			
6) Change	an a service constitutional and an interpretational services.		
Add			
Remove			

arteriority (An) (An	
	THE THE STATE OF THE PROPERTY
parameter of the control of the cont	
THE THE THE PERSON AND A REAL PROPERTY AND A R	THE PRODUCTION AND A SECOND ASSESSED AS A SECOND PRODUCTION OF THE PRODUCTION AND ASSESSED AS A SECOND AS A
A-14-1-4	
14. 4	1 MARIE I I I I I I I I I I I I I I I I I I
	•
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the amed - (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(पूर्वाचर स्वृज्यालसञ्जन एएपएकार १९७६)	
	uyuuququyayay is

The date of each amendment(s) adoption	: 6/30/2014	if other than the
date this document was signed.		
	6/30/2014	
Effective date <u>if applicable</u> :	A CO. 1	Antonia.
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
The amendment(s) was/were approved be must be separately provided for each vo	y the shareholders through voting groups. The following statement enting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	am endment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated7/15/	2014	
Signature WU		
	president or other officer - if directors or officers have not been	
	incorporator – if in the hands of a receiver, trustee, or other court	
аррошев псин	ciary by that fiduciary)	
Dr.	William C. Slocumb	
MERCHAN AND AND AND AND AND AND AND AND AND A	(Typed or printed name of person signing)	
Pre	sident, Director of Corp.	
***************************************	(Title of person signing)	