738125

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10 Neuro 3-11-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VOLUSIA COU	NTY VETERINARY MED	MAL SOCIETY, IN
DOCUMENT NUMBER: 738125		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
DR. LEE STUAR (Name of	Τ	
(Name of C	Contact Person)	·
SAFE HANEN VETER	Company)	
PALM COAST F	ddress) 32137	
For further information concerning this matter, ple		
DR LEE STUART (Name of Contact Person)	at (386) 446 (Area Code & Daytime Te	- 9 0 9 9 lephone Number)
Enclosed is a check for the following amount made	le payable to the Florida Depart	ment 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 Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	 e

Articles of Amendment Articles of Incorporation of

	UI	
VOLUSIA COUNTY VETS	FRINARY MEDICAL:	SOCIETY, MC.
1 111 111 1111	ently filed with the Florida Dept. of S	
738125		A
	ber of Corporation (if known)	
(Document Num	iber of Corporation (If known)	
Pursuant to the provisions of section 617.1006,	Florida Statutes, this Florida Not For	Profit Corporation adons
the following amendment(s) to its Articles of In		1000
A. If amending name, enter the new name of	f the corporation:	2 K
VOLUSIA-FLAGLER VETE		SOCIATION
The new name must be distinguishable and co		
abbreviation "Corp." or "Inc." "Company" o		scorporated or the-2
dobleviation corp. of the. <u>company o</u>	Co. naty not be used in the name.	
B. Enter new principal office address, if app	licable:	
(Principal office address MUST BE A STREE	TADDRESS)	
C. Enter new mailing address, if applicable	•	
(Mailing address MAY BE A POST OFFICE	-	
(
	•	
D 16 11 41 14 14 14 14 14 14 14 14 14 14 14		-toutho name of the
D. If amending the registered agent and/or r new registered agent and/or the new regis		nter the name of the
new registered agent and/or the new regis	stered office address.	
Name of New Registered Agent:		ÿ
		
New Registered Office Address:	(Florida street address) .	
		, Florida
	(City)	(Zip Code)

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, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			☐ Add ☐ Remove
E. If amen (attach o	ading or adding additional Artinadditional sheets, if necessary).	cles, enter change(s) here: (Be specific)	

The date of each amendment	(s) adoption: 2/18/09
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	unrch 4, 2009
Signature	Da Bar Stung
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	DR LEE B. STUART
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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