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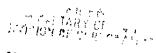
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SARASOTA ANI	MAL HOSPITAL	, HASSE	& HASSE, D.V.M., P.A.
DOCUMENT NUMI	E14178			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the followir	ng:	
	JIM GAY			
		Name of Conta	act Person	
	JIM GAY, CPA			
		Firm/ Con	npany	
	3984 MANATEE AVE E			<u> </u>
		Addres	SS	
	BRADENTON, FL 34208			
		City/ State and	Zip Code	
JIM@	јімGАҮСРА.COM			
	E-mail address: (to be us	sed for future annu	al report r	notification)
For further informatio	n concerning this matter, pleas	se call:		
JIM GAY		_ at (	1	747-0588
Name	of Contact Person	_	Area Cod	e & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Flor	rida Depar	rtment of State:
\$35 Filing Fce	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314		Division Clifton	Address nent Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



SARASOTA ANIMAL HOSPITAL, HASSE & HASSE, D.V.M., P.A.

2017 MAR 10 AH 7: 32

of Corporation as currently	filed with the Florid:	Dept. of State)	
(Document Number of	Corporation (if known	)	
1006, Florida Statutes, this a	Florida Profit Corpora	tion adopts the follow	ing amendment(s) to
me of the corporation:			
			The new
ation "Corp," "Inc," or "	Co". A professional c	ncorporated" or the orporation name mus	abhreviation
<u>if applicable:</u> TREET ADDRESS			
<u>cable:</u> OFFICE BOX)			
		ne name of the	
JIM GAY, CPA			
			<del></del>
(Florida str	ret address)		
	·	34208	<i>.</i>
(City)			p Code)
hanging Registered Agents ered agent. I am familiar v	vith and accept the obli	gations of the position	1.
	(Document Number of 1006, Florida Statutes, this a me of the corporation:  Tain the word "corporation ation "Corp," "Inc," or "cion." or the abbreviation "different applicable:  TREET ADDRESS)  Cable: OFFICE BOX  d/or registered office address JIM GAY, CPA  (Florida str., 3984 MANATEE AVE E., anging Registered Agent:	(Document Number of Corporation (if known) 1006, Florida Statutes, this Florida Profit Corporation:  Identify the word "corporation," "company," or "in ation "Corp," "Inc," or "Co". A professional contion." or the abbreviation "P.A."  If applicable: IREET ADDRESS)  Cable: OFFICE BOX)  d/or registered office address in Florida, enter the registered office address:  JIM GAY, CPA  (Florida street address)  3984 MANATEE AVE E., BRADENTON (City)  hanging Registered Agent:	d/or registered office address in Florida, enter the name of the registered office address:  JIM GAY, CPA  (Florida street address)  3984 MANATEE AVE E., BRADENTON  (City)  (City)

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 <math>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: <u>X</u> 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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			1 Marie Paris
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<mark>ling additional Arti</mark> heets, if necessury).	(Be specific)			
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<u>an amendment p</u>	rovides for an exch	ange, reclassific	ation, or cancella	tion of issued shares,	
roviciona for imp	hle indicate N/A)	<u>nument n not ec</u>	mtanicu iii tiic aiii	enument asea.	
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The date of each amundment(s	) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	•
by	21	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
JANUA	ARY 26, 2017	
Dated Signature	In Husse, Dun	
/(By sele	a director, president or other officer — if directors or officers have not be concern, by an incorporator — if in the hands of a receiver, trustee, or other contend fiduciary by that fiduciary)	
	JAN HASSE	
	(Typed or printed name of person signing)	
	PTD	
	(Title of person signing)	·