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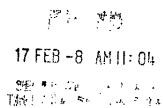
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Crai	g Woloshyn, D	V.M, P.A.			
DOCUMENT NUMBER: K55241					
The enclosed Articles of Amendment	and fee are sub	mitted for filing.			
Please return all correspondence cond	cerning this matt	er to the following:			
Todd W. Vras	pir, Esquire				
	Name of Contact Person				
The Vraspir La	aw Firm, P.A.				
		Firm/ Company			
5327 Commercial	5327 Commercial Way, Suite A101				
		Address			
Spring Hill, Fl	orida 34606				
	MB.	City/ State and Zip Code	e		
todd@vraspirlaw.coi	m				
		d for future annual report	notification)		
		•	,		
For further information concerning th	is matter, please	call:			
Todd W. Vraspir, Esquire		352	556-5270		
Name of Contact Person	on	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following	amount made p				
	Filing Fee & ate 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 Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Craig Woloshyn, D.V.M., P.A.

(Name of Corporation	as currently filed with the Florida Dept. of State)
K55241	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
Animal Medical Clinic of Spring Hill, Inc.	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	not applicable ESS)
	,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	not applicable
	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent not applicable	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:
	m familiar with and accept the obligations of the position.
Signate	ure 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 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		not applicable	
Add			
Remove			
2) Change		not applicable	
Add			
Remove			
3) Change		not applicble	
Add			
Remove			
4) Change		not applicable	
Add			
Remove			
5)Change		not applicable	
Add			
Remove			
6) Change		not applicable	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
not applicale
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A) not applicable

	December 31, 2016	
The date of each amendment(s) adopțion:	, if other than the
date this document was signed.	lata of Glima	
Effective date if applicable:	ate of filing	
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in the document's effective date on the		filing requirements, this 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 vo e sufficient for approval.	otes cast for the amendment(s)
	approved by the shareholders through voting grofor each voting group entitled to vote separatel	
"The number of votes of	ast for the amendment(s) was/were sufficient for	r approval
by	(voting group)	,,,
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without share	holder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholde	er action and shareholder
Dated/2_	(2016	
Signature	· · · · · · · · · · · · · · · · · · ·	_
¥	a director, president or other officer - f director	rs or officers have not been
sele	cted, by an incorporator - if in the hands of a re	
app	ointed fiduciary by that fiduciary)	
	Craig Woloshyn	
	(Typed or printed name of person	n signing)
	President/Shareholder	
	(Title of person signi	ing)

. . . .