

(R	equestor's Name)			
(A	ddress)			
A)	ddress)			
(C	ity/State/Zip/Phone #	/)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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STOKETARY OF STATE STORE CORPORAL ONS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Charles B. GERHART DVM, PA DOCUMENT NUMBER: L64818
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles GERHART Name of Contact Person Southwest Ocale Veterinary Hospital Firm/Company
Time Company
8814 SW HWY 200
Ocala FL 34481 City/ State and Zip Code
Chaseger hart @ Out look. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Charles GERhart at 352, 854-6914
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Certified Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

Charles B. G.	FRHANCE	T	DUM, F	PA	
(Name of Corpora	tion as currently filed	i with the Flo	orida Dept. of State)	
L64818					
(Docu	iment Number of Corp	oration (if kn	own)		
Pursuant to the provisions of section 607, 1006, Floridate Articles of Incorporation:	da Statutes, this <i>Florid</i>	la Profit Cor _l	poration adopts the f	ollowing amend	lment(s) t
A. If amending name, enter the new name of the	corporation:				
			<u></u>	The r	new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	p," "Inc," or "Co".	A profession			
B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AD</u>			- ·· · · - · · - · · · · · · · · · · ·		_
					_
	<u></u>		· · · · · · · · · · · · · · · · · · ·		_
C. Enter new mailing address, if applicable:	(AV)				
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>				_
			· · · · · · · · · · · · · · · · · · ·		_
				-	_
D. If amending the registered agent and/or regist		i Florida, ent	er the name of the		
new registered agent and/or the new registered	d office address:			;	:
Name of New Registered Agent				<u> </u>	14 (%)
	- <u>-</u>		· · · · · · · · · · · · · · · · · · ·		
	(Florida street add	dress)		, -	्राञ्च
New Registered Office Address:	(City)		, Florida_	(Vin Code)	-3-5
	(City)			(Zip Code) ₅	
					7)
New Registered Agent's Signature, if changing Ro	egistered Agent:				
I hereby accept the appointment as registered agent.	. I am familiar with a	nd accept the	obligations of the pe	osition.	
Sig	gnature of New Registe	ered 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 <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: X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	<u>V</u>	Laura	GERHART	
X Add				Ocale FL
Remove				34481
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)
	······································
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	

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)	île date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The j must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d shareholder
Dated9-24-2019 SignatureChls_B. FilePro	
Signature Chl. B. File Pro	sident
(By a director, president or other officer – if directors or officer	
selected, by an incorporator – if in the hands of a receiver, trus	tee, or other court
appointed fiduciary by that fiduciary)	
Charles B. GER (Typed or printed name of person signing)	HART
(Typed or printed name of person signing)	
President	
(Title of person signing)	