## M95474

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(Re	questor's Name	)	
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(Cit	yrotaterzipi Pilot	l <del>e #</del> )	
PICK-UP	☐ WAIT	MAIL	
	<b>—</b> ······	<b></b>	
(Bu	siness Entity Na	me)	
(Do	cument Number	)	
Certified Copies	Certificate	s of Status	
		·	
Special Instructions to	Filing Officer:		
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SECRETARY OF STAT

BOR 8/11/05

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: Additional Officer		<del></del>	
DOCUMENT NUMBER: M	95474		
The enclosed Articles of Ame	ndment and fee are	submitted for filing.	
Please return all corresponden	ce concerning this n	natter to the following:	
Matthew P. Fox			
	(Name	of Person)	
Rainbow River A	nimal Hospital, Inc. (Name of F	irm/ Company)	
20251 E. Pennsy	,	1 1/	
	<del></del>	ddress)	**************************************
Dunnellon, FL 34		and Zip Code)	<u> </u>
For further information concer		<u> </u>	
Neil Rosin (Name of I	Person)	at ( 352) 379-8220 (Area Code & Daytime T	'elephone Number)
Enclosed is a check for the fol	lowing amount:		
* · · · · · · · · · · · · · · · · · · ·	5 Filing Fee & icate 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 Corporatio P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

## Articles of Amendment to Articles of Incorporation of

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SECRETARY OF STATE
ASSEE, FLORIDE

	OI TAMASSE OF ST.
Ra	inbow River Animal Hospital, Inc.  (Name of corporation as currently filed with the Florida Dept. of State)
	(Name of corporation as currently filed with the Florida Dept. of State)
M9	95474
	(Document number of corporation (if known)
dopts the follow	rovisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> ving amendment(s) to its Articles of Incorporation:
YEW CORPOR	ATE NAME (if changing):
(must contain the	word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
	S ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) tle(s) being amended, added or deleted: (BE SPECIFIC)
Addition of the folk	owing individual as an officer to the above named corporation:
Officer Name:	Adrienne L. Fox
Officer Title:	Secretary
Officer Address:	20251 E. Pennsylvania Avenue, Dunnellon, FL 34432
<u></u>	
	(Attach additional pages if necessary)
fan amendment	provides for exchange, reclassification, or cancellation of issued shares, provision
	the amendment if not contained in the amendment itself: (if not applicable, indicate h

(continued)

The date of each amendment(s) adoption: July 1, 2005
Effective date if annlicable: July 1, 2005
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
✓ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"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 and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 1st day of July , 2005
Signature  (By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Matthew P. Fox (Typed or printed name of person signing)
President (Title of person signing)

FILING FEE: \$35