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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WORLD ASSOC	IATION OF TRADITION	ONAL CHINE	SE VETERINARY MEDICINE INC
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	uter to the following:		
CAROLYN GODDARD			
	(Name of Contact Pe	erson)	
CAROLYN GODDARD, CPA			
	(Firm/ Company	·)	
3520 NW 43RD ST			
	(Address)		
GAINESVILLE, FL 32606			
	(City/ State and Zip	Code)	
cgoddard@cpaofc.com			
E-mail address: (to be us	sed for future annual rep	ort notificatio	n)
For further information concerning this matter, plea	se call:		
CAROLYN GODDARD	at	352	338-0424
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:
\$35 Filing Fee	& \$\sumsymbol{\sumsymbol{2}}\$\$\$ \$\text{Certified Copy}\$\$ (Additional copy is enclosed)	Certi: s Certi: (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address	St	reet Address	ion
Amendment Section	Amendment Section Division of Corporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

2015 NOV -9 PM 3# 37 of WORLD ASSOCIATION OF TRADITIONAL CHINESE VETERINARY MEDICINE INC (Name of Corporation as currently filed with the Florida Dept. of State) 10. N14000010562 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered of fice address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) 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)

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.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> se <u>Jones</u> sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	DR. MUSHTAQ A. MEMON	COLLEGE OF VET MEDICINE
Add			WASHINGTON STATE UNIV.
Remove			PULLMAN, WA 99164
2) X Change	VD	DR. HUISHENG XIE	9289 SW 31 PL
Add			GAINESVILLE, FL 32608
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
-			
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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	date of each amendment this document was signed		, if other than the
Effe	ective date <u>if applicable</u> :	11/06/2015	
		(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will no he Department of State's records.	t be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/www.was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	/2015	
	Signature	Harishen lie	
	have n	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	HU	JISHENG XIE	
		(Typed or printed name of person signing)	
		y	
	VIO	CE PRESIDENT, DIRECTOR	
		(Title of person signing)	
		•	