

N18000013133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

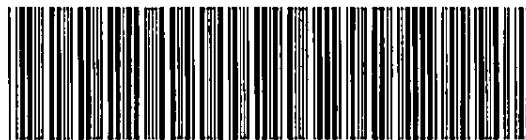
Certified Copies _____

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2021 JUN 12 PM 6:27

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JUL 12 2021

! ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: O.U.R. Vets Inc.

DOCUMENT NUMBER: NI8000013133

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

UNITED STATES CORPORATION AGENTS, INC.

(Firm/ Company)

5575 S. SEMORAN BLVD. SUITE 36

(Address)

ORLANDO, FL 32822

(City/ State and Zip Code)

Jimi@ourvets.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Darby

(313)

348-2329

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate 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 Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RECEIVED

2021 JUN 12 PM 5:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRET
TALL

June 25, 2021

UNITED STATES CORPORATION AGENTS INC.
5575 S. SEMORAN BLVD
STE. 36
ORLANDO, FL 32822

SUBJECT: O.U.R. VETS INC
Ref. Number: N18000013133

We have received your document for O.U.R. VETS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 821A00014550

Articles of Amendment
to
Articles of Incorporation
of

FILED
2021 JUN 12 PM 6:27
HALL COUNTY CLERK
JAN 11 2021

O.U.R. Vets Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000013133

(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:

_____ The new
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 office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	PD	Kyle Hernandez	605 SENTRY WAY #208 NEW PORT RICHEY FL 34653
<input checked="" type="checkbox"/> Remove			605 SENTRY WAY #208
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	D	Angela Husband	NEW PORT RICHEY FL 34653
<input checked="" type="checkbox"/> Remove			605 SENTRY WAY #208
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Frank Rodriguez	NEW PORT RICHEY FL 34653
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	CD	Micheal Fort	605 SENTRY WAY #208 NEW PORT RICHEY FL 34653
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Joesph Bowers	605 SENTRY WAY #208 NEW PORT RICHEY FL 34653
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	PD	Cody Koski	605 SENTRY WAY #208

E. If amending or adding additional Articles, enter change(s) here:

Please see attachment for addional officer designation

The date of each amendment(s) adoption: 05/05/2021, if other than the date this document was signed.

Effective date if applicable: 05/05/2021
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Additional Officer Designation

Add SD James Reed

605 SENTRY WAY #208
NEW PORT RICHEY FL 34653

Add TD William Darby

605 SENTRY WAY #208
NEW PORT RICHEY FL 34653

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 05/06/2021^{and} 7/2/2021

Signature William Darby
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

William Darby

(Typed or printed name of person signing)

Treasurer

(Title of person signing)