## P20000001083

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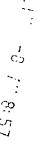
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R. WHITE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	oundation Inc		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
S. David Moche			
	(Name of Contact P	erson)	
ABSC Pet Health Foundation Inc			
	(Firm/ Compan	y)	
525 East 89 Street, Apt 2K			
	(Address)		
New York, NY 10128			
	(City/ State and Zip	Code)	
david@appliedbasicscience.com			
E-mail address: (to be use	d for future annual re	port notificatio	n) .
For further information concerning this matter, please	e call:		
S. David Moche	al	917	331-2567
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	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 enclosed)	Certif is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	reet Address mendment Sect ivision of Corp he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

ABSC Pet Health Foundation Inc		2 47 − € 7 ° ρ. Ξ
(Name of Corporation as currently filed with the Flori	ida Dept. of State)	
N20000001083		
(Document N	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	eration:	
N/A		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	7535 Granville Drive	2
(Principal office address <u>MUST BE A STREET ADDRE</u>	F Building, #206	
	Tamarac, FL 33321	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	c/o Moche, 525 East	89 Street, Suite 2K
	New York, NY 1012	8
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 offi	ce address:	
Name of New Registered Agent: Helen	a Schroit	
F Bui	lding, #206, 7535 Granvill	e Drive
Vision Domination of CVD and LLI	(F)	lorida su cet address)
<u>New Registered Office Address:</u> Tama	гас	Florida 33321
	(Ciţv)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept  L 0	the obligations of the position.
-6	Lilen Se   Signature of New Regist	ered Agent, if changing

and address of each Of (Attach additional sheet, Please note the officer/a P = President; V= Vice	ficer and/or Dire s, if necessary) lirector title by the President; T= Tr. = Chief Financia	ector being add e first letter of th easurer: S= Sect el Officer. If an o	ed: e office title: retary: D= Director: TR= Ti	r/director being removed and title, name,  rustee: C = Chairman or Clerk: CEO = Chief  nan one title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remov	aves the corporat	ion, Sally Smith	ntly John Doc is listed as the is named the $V$ and $S$ . These	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>SV</u> <u>Sally</u>	Jones Smith	NA	Address
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add				
Remove 2) Change Add			····	
Remove 3) Remove Add Remove				

4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ 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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The date of each amendment date this document was signed	(s) adoption:	March 2021				, if other than the
Effective date if applicable:	1 March 2021					
Effective date in appreciate.	(no	more than 90 d	ays after amena	ment file date)		
Note: If the date inserted in the document's effective date on the	nis block does no he Department o	ot meet the appl of State's record	icable statutory is.	filing requirem	nents, this date will r	not be listed as the
Adoption of Amendment(s)	( <u>C</u>	HECK ONE)				
☐ The amendment(s) was/w was/were sufficient for ap		the members an	nd the number o	f votes cast for	the amendment(s)	

Dated	1 March 2021
Dated	
Signatur	a Strans Mala
-	(By the chairman or vice chairman of the board, president or other officer-if directo have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)
	other court appointed inductary by that inductary,
	S. David Moche

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were