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S TALLEN JUL 2 2 2019

Amend



COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: San Juan aminal 40 Spital				
DOCUMENT NUMBER: P00000 3338				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Barbara Bennett Name of Contact Person San Juan Animal Hospital Firm/Company				
2879 Grande Days Way Address Flening Island FL 32003 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Barbara Bennett au 904, 607-0244				
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:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

to

01		
San Juan Animal	Hospital, Inc.	
	filed with the Florida Dept. of State)	
P0000013	338	
(Document Number of C		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatitis</i> Articles of Incorporation:	lorida Profit Corporation adopts the following ame	endment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain	new iation in the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2879 Grande Daks W Fleming Island, Fl. 3	<i>lay</i> 32003
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2079 Grande Daks Wa Fleming Island, Fl. 33	— Y 2003
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	<u> </u>
Name of New Registered Agent Barbara 2879 Grand	de Oaks wan F Dig =	
New Registered Office Address: Planing Swy Tolked	t address)) } }

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.

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)

Remove

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

Mike Jones, V as Remove	ives the c , and Sal	orporation, Sally Smith is named the V and S. These . lly Smith, SV as an Add.	should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	7	Barbara Bennett	2879 Grande Daks Wa
_X Add			2879 Grande Daks Wa Fleming Island FL
Remove			32003
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		*****	
Add			
Remove			
6) Change			
Add			

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an amendment n	rovides for an	exchange, reclassi	Gestian ar	cancallation o	ficewal chara	
ovisions for imp (if not applicab	lementing the	amendment if not	contained in	the amendm	ent itself:	21
W/A	ic, maicuic 1172	1)				
7.3 / / 1						
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date this document was signed.	, if other than
Effective date if applicable:July 9, 2019	
Effective date if applicable: July 9, 2019 (no more than 90 days after amendment file date)	7.3
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
DatedJuly 8, 2019 Signature	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	

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