P00000109320

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COVER LETTER

TO: Amendment Section Division of Corporations

name of corporation: <u>East West Veterinary (are</u> bocument number: <u>P00000109320</u>	· Center, Inc.			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Dr. Terri, L. Melton Name of Contact Person East West Veternany Care Center Firm/ Company 8151 Henderson Grade Address North Fort Myers, FL City/ State and Zip Code doctornelton @ gmail. com E-mail address: (to be used for future annual report notific	er, Inc, 33917			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Dr. Terri Melton at (239) Name of Contact Person Area Code & I	795-5433			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status Certified Copy C (Additional copy is C enclosed) (A	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy s enclosed)			
Mailing Address Street Address	_			

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

of

East West Veterin	ary Care Center, Inc.
	orporation as currently filed with the Florida Dept. of State)
P00000109320	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:
	The new
	the word "corporation," "company," or "incorporated" or the abbreviation on "Corp," "Inc," or "Co". A professional corporation name must contain the ," or the abbreviation "P.A."
B. Enter new principal office address, if a	nnlicable:
(Principal office address MUST BE A STRE	
	1.07 L
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)	
(Maining address <u>MATT 122 11 1 001 01 1</u>	
D. If amending the registered agent and/or new registered agent and/or the new re Name of New Registered Agent	r registered office address in Florida, enter the name of the egistered office address:
	(Florida street address)
Non-Resident LOGG - Address	Elouido
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	ging Registered Agent: d agent. I am familiar with and accept the obligations of the position.
Q. (Jew X. Molton Signature of New Registered Agent, if changing
	Signature of New Registered Agent, if changing
Esame person, just back to	last name change due to divorce -> maiden name originally registered with corporation.

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.

X Change	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	•
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	Dr. CEO	Terri L. McVety	8151 Henderson Grade North Fort Myers, For 33917
2) Change Add	Dr. CEO	Terri Li Melton	0151 Henderson Gods North FOT Myers, FL 33917
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove	<u></u>		
6) Change Add Remove			

	neets, if necessary). (Be specific)	
		/
		•
 		
	rovides for an exchange, reclassification, or cancellation o	f issued shares,
amenument p	dementing the amendment if not contained in the amendment in discarte N/A)	ent itself:
ovisions for imp	,	
ovisions for imp (if not applicat		
ovisions for imp		
ovisions for imp		-
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ovisions for imp		
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: August 16 2016 (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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	ıt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9 1 16	
Signature a Jew Motton	
(By a director, president or other officer – if directors or officers have not bee	n
selected, by an incorporator – if in the hands of a receiver, trustee, or other co	ourt
appointed fiduciary by that fiduciary)	
Dr. Terri L. Melton	
(Typed or printed name of person signing)	
CED	
(Title of person signing)	