P00000/17468

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(Address)				
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(Address)				
(City/State/Zip/Phone #)				
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4 A.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NORTH COUNTY ANIMAL HOSPITAL					
DOCUMENT N	UMBER:	P00000117468			
The enclosed Arti	icles of Amendment and fe	te are submitted for filing.			
Please return all c	orrespondence concerning	this matter to the following:			
	LAURIE K. COOK				
		Name of Contact Person			
Firm/ Company					
15797 111TH TERRACE N					
Address					
	JUPITER, FLORIDA 33458 City/ State and Zip Code				
	COOKAVA E-mail address: (to be	nebell south. Net used for future annual report notification)			
For further inform	ation concerning this matt	er, please call:			
	AURIE K. COOK	at (561) 762-2983			
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a chec	k for the following amoun	t made payable to the Florida Department of State:			
₹35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section		Street Address Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment 6711 to

Articles of In	10
NORTH COUNTY ANIMA	L HOSPITAL TWO SEED PH 3:50
(Name of Corporation as currently filed wit	h the Florida Dept. of State) 8 relica (15 known)
P0000011746	8 FLORIFIA
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statementment(s) to its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
BDRL, INC.	The new
name must be distinguishable and contain the word "co abbreviation "Corp.," "Inc.," or Co.," or the designation " name must contain the word "chartered," "professional associated	Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable;	15797 111TH TERRACE N
(Principal office address <u>MUST BE A STREET ADDRESS</u>	JUPITER, FL 33478
C. Enter new mailing address, if applicable; (Mailing address MAY RE A POST OFFICE BOX)	15797 111TH TERRACE N JUPITER, FL 33478
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent:	
15797 1113	TH TERRACE N
New Registered Office Address: (Fig.	orida street address)
JUPITER (City	, Florida 33478 (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
Signature of Ne	w Registered Agent, if changing

removed a	ng the Officers and/or Director and title, name, and address of disional sheets, if necessary)	rs. enter the title and name of each officer/o each Officer and/or Director being added:	lirector being
Title	Name	Address	Type of Action
			_ 🗅 Add
		**************************************	☐ Remove
			— □ Add
			_ D Remove
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			_ ~
			-
	ding or adding additional Articular additional sheets, if necessary).		
provis		hange, reclassification, or cancellation of is adment if not contained in the amendment	
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