P05000164043

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

7/16/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hudson Veterinary Services, Inc.

DOCUMENT NUMBER: P05000164043

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

Please return all correspondence concerning this matter to the following:

B Dean Shamsi
(Name of Contact Person)

Hudson Veterinary Services, Inc.
(Firm/ Company)

8721 SW Otter Trail
(Address)

Arcadia, FL 34266
(City/ State and Zip Code)

For further information concerning this matter, please call:

B Dean Shamsi at (612) 598-2777
(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:

☐ $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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2009

B DEAN SHAMSI
8721 SW OTTER TR
ARCADIA, FL 34266

SUBJECT: HUDSON VETERINARY SERVICES, INC.
Ref. Number: P05000164043

We have received your document for HUDSON VETERINARY SERVICES, INC. and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 809A00022644

The date has been modified on the form. Thanks.

B Dean S.

RECEIVED
2009 JUL 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Hudson Veterinary Services, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P05000164043
(Document Number of Corporation (if known)

FILED
09 JUL 15 PM 2:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Sunny Coast Veterinary, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

8721 SW Otter Trail
Arcadia, Fl 34266

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8721 SW Otter Trail
Arcadia, FL 34266

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: B Dean Shamsi

New Registered Office Address: 8721 SW Otter Trail
(Florida street address)

Arcadia, Florida 34266
(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)

Title	Name	Address	Type of Action
President	B Dean Shamsi	8721 SW Otter Trail Arcadia, FL 34266	☑ Add ☐ Remove
VP	Raymond Keith Hudson	8721 SW Otter Trail Arcadia, FL 34266	☐ Add ☑ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

We would also like to change the current president's name from Carla Francheville Hudson, DVM to just Carla Francheville, DVM. The new name is her current legal name.

Her title and position as president should also be change to CVO, Chief Veterinary Officer.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

June 25th, 2009 BDS

The date of each amendment(s) adoption: ~~July 1st, 2009~~ (for all amendments)

Effective date if applicable: July 1st, 2009 (for all amendments)
(no more than 90 days after amendment file date)

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

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

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☑ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated June 22nd, 2009

Signature C Francheville
(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 court appointed fiduciary by that fiduciary)

Carla Francheville, DVM
(Typed or printed name of person signing)

Chief Veterinary Officer
(Title of person signing)