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ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MOBILE VETER.	INARY DIAGNOSTICS, F	P.A.		
DOCUMENT NUM	BER: P06000048152				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Adam Honeckman				
	Name of Contact Person				
	Mobile Veterinary Diagnostics Firm/ Company				
	13932 Broadwing Drive				
		Address	 		
	Orlando, FL 32837				
		City/ State and Zip Cod	e		
vete	rinaryspecialtysolutions@gmai	il.com			
	• • • • •	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Adam Honeckman		at (321	279-3683		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)		
Am Div P.C	tiling Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

MOBILE VETERINARY DIAGNOSTICS, P.A.

(<u>Name</u>	of Corporation as current	ly filed with the Florida De	pt. of State)	
P06000048152				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following	ng amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
Veterinary Specialty Solutions, P.A.				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpo	porated" or the a ration name must	bbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		Not applicable		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		Not applicable		2019
D. If amending the registered agent an new registered agent and/or the ne			ame of the	1-8 FH10: SE
Name of New Registered Agent			•	-, 120
			*	-
		reet address)		
New Registered Office Address:	Not applicable		Florida	
		(City)	Œip	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			ons of the position.	
	Sinvetora of Ven	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)

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	<u>PT</u>	John Do	<u>૭૯</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	n/a	_	n/a	n/a
Add				
Remove				<u> </u>
2) Change				
Add	-			
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Chausa				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional, sheets, if necessary).	i <mark>cles, enter change(s) here</mark> : (Be specific)
Not applicable	
	
•	
	
	
	
	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
N/A	
Effective date if applicable: (no more than 90 days after amendment file of	late)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	nents, this 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 by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendation.	
"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 a action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	nareholder
Dated 4/3/19	
Dated 4/3/19 Signature adam Honschma	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee,	
appointed fiduciary by that fiduciary)	or other court
Adam Honeckman (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	