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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Englewood Animal Health Center, Inc. DOCUMENT NUMBER: PO6000148295
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Debbie K Hill Name of Contact Person Englewood - Carlos, Mc Firm/ Company 5001 N. 12th Akenke Address Pensacola, FL 32504 City/ State and Zip Code Chill @ petcase has pital - (om) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debbie Hill, Vice President at (850), 202.2020 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:
Elichosed is a check for the following amount made payable to the Frontia Department of State.
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

Articles of Incorporation

Englewood Animal Healt	4 Canta Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
PO6000148295	
· · · · · · · · · · · · · · · · · · ·	Corporation (if known)
	•
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Englewood - Carlos, In	The new
name must be distinguished and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	fensacola, FL 32504
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5001 N. 12th Avenue Pensacola, FL 32504
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	<u>/</u>
	<u> </u>
1Florida stree	et address)
New Registered Office Address:	
 	City) , Florida (Zip Code) \odot
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Agnature of New Reg	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example of the content of the conten	e), F.S.

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>be</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_	/	
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
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5) Change		-/		
Add	/			
Remove				
6) Change	/			<u></u>
Add /				
Remove				

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orovides for an exch	ange, reclassific	ation, or cancella	ion of issued shar	es,
plementing the ame	ndment if not co	ntained in the am	endment itself:	
oie, indicale N/A)				
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J	provides for an exchiplementing the ame	<u>plementing the amendment if not co</u>	<u>plementing the amendment if not contained in the am</u>	provides for an exchange, reclassification, or cancellation of issued shar plementing the amendment if not contained in the amendment itself: table, indicate N/A)

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
_		
Effective date if applicable:	(no more than 90 days after amendment file date	9
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adoption was not required.	sted by the incorporators, or board of directors without shareh	nolder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the anticient for approval.	nendment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendme	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated S-	26-2020	
Signature	26-2020 Hun Calo	
	ector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, or	
appointe	d fiduciary by that fiduciary)	
_	Thomas E. Carlos (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	