## P0600150847

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T. ROBERTS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hillsboro Beach Animal Hospital ,Inc.				
DOCUMENT NUMBER: P06000150847				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corres	pondence concerning this mat	tter to the following:		
	Heather Perry			
-	Name of Contact Person			
	Moraitis, Cofar, Karney & Moraitis			
Firm/ Company				
_	915 Middle River Drive, Suite 506			
		Address		
_	Fort Lauderdale,	FL 33304		
		City/ State and Zip Code		
peri	idog4@aol.com			
<u></u>		ed for future annual report	notification)	
For further information concerning this matter, please call:				
Heather Perry		at (954	、563-4163	
Name of Contact Person			de & 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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

## **Articles of Amendment** Articles of Incorporation

	/NL C.O.		43 6	2 2 2 4 1 4
Hillsboro	Beach	Animal	Hospita	I, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000150847

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

/an Duys, Inc.			
	tion "Corp," "Inc," or	on," "company," or "incorporated" or the c "Co". A professional corporation name must "P.A."	
. Enter new principal office address, if	applicable:	540 South Federal Highway	
rincipal office address MUST BE A STREET ADDRESS )		Deerfield Beach, FL 33441	
Entagnass mailing address if applied	ahlar		
Enter new mailing address, if applications (Mailing address MAY BE A POST O			
(Mailing address MAY BE A POST O	FFICE BOX) /or registered office ad		
(Mailing address MAY BE A POST O	FFICE BOX) /or registered office ad		
(Mailing address MAY BE A POST O	FFICE BOX) /or registered office ad		
(Mailing address MAY BE A POST O	FFICE BOX)  /or registered office ad- registered office addre	<u></u>	
If amending the registered agent and new registered agent and/or the new	FFICE BOX)  /or registered office ad- registered office addre		
(Mailing address MAY BE A POST O	FFICE BOX)  /or registered office ad- registered office addre	treet address), Florida	

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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	_Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				MARKO 1844 - 11
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	· <u>-</u>	<del></del>		
Remove				
				· · · ·
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
<del> </del>	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption: December 17, 2012
Effective date if applicable: De	ecember 17, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated/2/	30/12
Signature	
	irector, president or other officer – if directors or officers have not been  1, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	Robert Van Duys
•	(Typed or printed name of person signing)
	President
•	(Title of person signing)