P070000	142663
(Requestor's Name) (Address) (Address)	100357910771
(City/State/Zip/Phone #)	01/15/2101014017 **35.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	701 U.1 15 PH 3: 51
Office Use Only	

•

### TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

Caring Hands Animal Hospital, Inc.

(Name of Corporation)

## DOCUMENT NUMBER: P07000042663

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey R. Ludwig , Esq.

(Name of Person)

Ludwig Hulsey, PA

(Name of Firm/Company)

5150 Belfort Rd, S. #500

(Address)

Jacksonville, la. 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Ludwig (Name of Person) at (904 281-0145 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Articles of Amendment to Articles of Incorporation of

Caring Hands Animal Hospital, Inc.

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

P07000042663

(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 its Articles of Incorporation:

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

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

#### B. <u>Enter new principal office address, if applicable:</u> (Principal office address MUST BE A STREET ADDRESS)

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

# 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

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

\_, Florida\_

#### 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

#### Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example: X Change <u>PT</u> John Doe <u>V</u> Mike Jones X Remove SV <u>X</u> Add Sally Smith Address Type of Action Title <u>Name</u> (Check One) Bethany Cody 1541 West Highway 90 CMO 1) \_\_\_\_ Change Lake City, Florida 32055 \_\_\_\_ Add Х Remove D Chuck Keiser DVM 1541 West Highway 90 2) \_\_\_\_ Change X Lake City, Florida 32055 Add \_\_\_ Remove D Stith Keiser 1541 West Highway 90 3) \_ Change Х Lake City, Floria 32055 Add \_ Remove 4) \_\_\_\_ Change \_\_\_ Add \_\_\_\_\_ Remove 51 \_\_\_\_ Change Add \_ Remove 6) \_\_\_\_ Change Add

\_\_\_\_\_ Remove

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

.

•

Article 6-Directors is amended to read:

•

•

There shall be no less than three Directors of the Corporation. The Directors shall appoint the Officers of

the Coporation.

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)

\_\_\_\_\_

The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
	Decemeber 15, 2020	
Effective date <u>if applicable</u> :		

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

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

December 15, 2020

Dated\_ Signature

(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)

Marie Leslie

(Typed or printed name of person signing)

Prepsident/CEO

(Title of person signing)