## P07000082644

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: DIXIELAND VET	ERINARY SERVICE, P.A	
DOCUMENT NUM	BER: P07000082644		
The enclosed <i>Article</i> s	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Leigh Ann Farris		
	Leigh Ann Farris	Name of Contact Person	1
	DIXIELAND VETERINARY	SERVICE, P.A.	
		Firm/ Company	
	903 N OKLAHOMA STREE	:T	
		Address	<del>.</del>
	BONIFAY, FL 32425		
		City/ State and Zip Code	2
	dixielandvet4160@gmail.com	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas		v 547 - 4160
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depo	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status		<del>-</del>
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## DIXIELAND VETERINARY SERVICE, P.A.

· · · · · · · · · · · · · · · · · · ·		
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)
P07000082644		
(Document Numb	per of Corporation (if known)	)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit Corporat</i>	ion adopts the following amendmen
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered," "professional association," or the abbreviation "F	". A professional corporat	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
		<u> </u>
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 th	ne name of the
new registered agent and/or the new registered office add		-5
Name of New Registered Agent		iii o i
Thank of the Magnite M		<u> </u>
/Florie	la street address)	<u> </u>
(1 107112	a sirect addressy	55 ∴
New Registered Office Address:	(City)	, Florida(Zip Code)
	(Ciù)	(zip Code)
New Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Age	vent:	
I hereby accept the appointment as registered agent. I am famil		gations of the position.
Simutura of M	Davistand Asset if about	ndun.
Signature of Ne	ew Registered Agent, if chang	ging
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (	(11) (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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	P	JOHNSON, BRAD DVM	902 ANDERSON DRIVE
Add			BONIFAY, FL 32425
X Remove			
2) Change	VP	Cloud, Jennifer J	902 ANDERSON DRIVE
Add			BONIFAY, FL 32425
X Remove 3) Change	P	FARRIS, LEIGH A	
X Add			213 COUNTY RD 166
Remove			NEW BROCKTON, AL 36351
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

October 15, 2021xx
The date of each amendment(s) adoption:, if other the date this document was signed.
Effective date if applicable:
(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 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 east 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)
Dated
(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)
Leigh A Farris
(Typed or printed name of person signing)
President
(Title of person signing)

the

the