P07000129743

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BYTSON OF CORPORATIONS

14 SEP -9 DM 2: 11

C. Lewis 14

COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

. Division of Corpora	tions	•	
NAME OF CORPORATION: Halnes City Pet Hospital Inc. DOCUMENT NUMBER: PO7000129743			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
; 	taines cit tooi US t taines cit nes city pa	Name of Contact Person Pot Hos Firm/ Company Address City/ State and Zip Code Sed for future annual report	Spital West 344 Quahoa.com
For further information concerning this matter, please call:			
D'ana V	Contact Person	at (<u>865</u> Area Co	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)
Mailin	a Address	Street	Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation	FILL D. STATE
of	STATE TARY OF STATE OF CORPORATIONS
Haines Catu Pet Hospatal INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	14 SEP -8 PH 3: 44
Po7000129743	
(Document Number of Corporation (if known)	

ent(s) to

P0 1000	010777
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	206 Tranquility Cove Altamontas Springs
	Florida, 32701
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	206 Tranquility Cove
	F1,32701
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent Dlana 6 K	lartinez
4001 US 1 (Florida s	HWY 1792W street address)
New Registered Office Address: Haines Co	74 , Florida 33 8 44 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	
Diana C	off-

Signature of New 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.

Example: X Change	PT John D	loe	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>imith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add Remove	<u>P</u>	Adkins, Larry Dr	206 Tranquility Cove Altamontas Springs Fl 32701
2) Change Add Remove	VP	Adkins, Nataliya	206 Tranquility Cova Altomontes Springs F132701
Change Add Remove	MGR	Diana 6 Martinez	8624 Primros Dr Kissimmer F134747
4) Change Add Remove	AMBR	Marco H Barbosa	8624 Primrosa Dr Kissimmee Fl 34747
5) Change Add Remove			
6) Change Add Remove			

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)	If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)
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)	114	
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The date of each amendment(s) add	option:	, if other than the
date this document was signed.		SECUL PARY OF STATE
Effective date if applicable:		WASTON OF CARPORATIONS
	(no more than 90 days after amendment file date)	14 SEP -8 PH 3: 45
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amend ficient for approval.	ment(s)
	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and share pted by the incorporators without shareholder action and sharehol	
Signature (By a di selected	3-2014 Mark rector, president or other officer – if directors or officers have not it, by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)	
	Diang & Martinez	
	(Typed or printed name of person signing)	
	MGR.	
	(Title of person signing)	