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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: Haines	City Pet HOs 743	pital Inc		
	Amendment and fee are su				
•	ondence concerning this mat	-			
	_	_			
_	Larr	y Adkins Name of Contact Person			
		Name of Confact Persor	•		
		Firm/ Company			
	206 Tra	anquility Cove			
	Address				
_	Altamonte Springs, Florida 32701				
		City/ State and Zip Code	2		
		16 6			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information of	concerning this matter, pleas	se call:			
Larry Adkins	.	407	, 5295651		
	Contact Person	at (Area Co	de & Daytime Telephone Number	—	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:		
_	_	_			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status		
		(Additional copy is	Certified Copy		
,		enclosed)	(Additional Copy is enclosed)		
<u>Mailir</u>	ng Address	Street	Address		
Amendment Section		Amendment Section			
	on of Corporations lox 6327	Division of Corporations Clifton Building			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
Tallahassee, FL 32301					

Articles of Amendment to **Articles of Incorporation** of

Haines City Pet Hospital Inc

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

P07000129743

(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:

name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A profession		
B. Enter new principal office address,			anquility Cove	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		Altamonte Springs		
		Florida	32701	
		,		
(Mailing address MAY BE A POST	OFFICE BOX)			
	OFFICE BOX)			
(Mailing address <u>MAY BE A POST</u>	nd/or registered office add		ter the name of the	
D. <u>If amending the registered agent an new registered agent and/or the ne</u>	nd/or registered office add w registered office addres Larry Adkins 206 Tranquil	ity Cove	ter the name of the	
O. If amending the registered agent an new registered agent and/or the ne	Larry Adkins 206 Tranquil	ity Cove	ter the name of the	

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Larry Adkins	206 Tranquility Cove
Add			Altamonte Springs
Remove			Florida 32701
2) Change	<u>V</u>	Nataliya Adkins	206 Tranquility Cove
Add			Altamonte Spring
Remove			Florida 32701
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) her (Be specific)		
/A			
			·
			· · · · · · · · · · · · · · · · · · ·
			
			
If an amendment provides for an exch	ange, reclassification, o	r cancellation of issue	d shares,
provisions for implementing the ame	<u>ndment if not contained</u>	in the amendment its	elf:
(if not applicable indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) addate this document was signed.	option:	, if other than the
-		
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the am ficient for approval.	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and s	shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and share	holder
Dated	9-3-14	
selecte	rector, president or other officer if directors or officers have l, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	Larry Adkins	
	(Typed or printed name of person signing)	
	President Prec	
	(Title of person signing)	