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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Animal Oasis Vete	erinary Hospital, Inc.	
DOCUMENT NUMB			
	f Amendment and fee are su	bmitted for filing.	
Please return all corres _l	ondence concerning this ma	tter to the following:	
5	Stacey Huber		
-		Name of Contact Pers	on
-	<u> </u>	Firm/ Company	
	6137 Camden Lakes Circle		
-	Naples, FL 34110	Address	
-		City/ State and Zip Co	de
drstace	yh@gmail.com		
	E-mail address: (to be us	sed for future annual repo	rt notification)
For further information	concerning this matter, pleas	se call:	
Trey Cutler		805 at () 439-2975
Name o	f Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Animal Oasis Veterinary Hospital, Inc.

17 .00 15 7010 17

to

(Name of Corporation	n as currently	filed with the Florida Dept. of State)
P08000082398		
(Docume	ent Number of 0	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ! its Articles of Incorporation:	Statutes, this F	lorida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the cor	poration:	
Huber Veterinary, Inc.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	""Inc," or "C	""company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9	
	-	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		ss in Florida, enter the name of the
Name of New Registered Agent		
	(Florida stree	t address)
New Registered Office Address:		Florida
	(6	City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		th and accept the obligations of the position.
Signal	ture of New Re	gistered 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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-	
-	
,	
	-
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у погаррисине, такше пля)	

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date with Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
May 31		
Dated Signature		
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court	_
арр	ointed fiduciary by that fiduciary)	
	Stacey Huber	
	(Typed or printed name of person signing)	.
	President	
	(Title of person signing)	