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| (Red                      | questor's Name)  |             |
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| PICK-UP                   | ☐ WAIT           | MAIL        |
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| ,                         | ·                |             |
| Certified Copies          | Certificate      | s of Status |
| Special Instructions to F | Filing Officer:  |             |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

| NAME OF CORPORATIO                                                       | N:AmeriVet Real Est                           | ate Services Inc.                                                           |                                                                                        |
|--------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: [                                                       |                                               |                                                                             |                                                                                        |
| The enclosed Articles of Amo                                             | endment and fee are su                        | omitted for filing.                                                         |                                                                                        |
| Please return all corresponde                                            | nce concerning this mat                       | ter to the following:                                                       |                                                                                        |
| Rober                                                                    | L Moody                                       |                                                                             |                                                                                        |
|                                                                          | -                                             | Name of Contact Person                                                      |                                                                                        |
| Ameri                                                                    | Vet Real Estate Service                       | es Inc.                                                                     |                                                                                        |
|                                                                          |                                               | Firm/ Company                                                               |                                                                                        |
| 15003                                                                    | Meadowlake Street                             |                                                                             |                                                                                        |
|                                                                          |                                               | Address                                                                     |                                                                                        |
| Odess                                                                    | a, FL 33556                                   |                                                                             |                                                                                        |
| <del></del>                                                              |                                               | City/ State and Zip Code                                                    |                                                                                        |
| rlmoody@                                                                 | amerivetres.com                               |                                                                             |                                                                                        |
|                                                                          |                                               | sed for future annual report                                                | notification)                                                                          |
|                                                                          |                                               |                                                                             |                                                                                        |
| For further information conc                                             | erning this matter, pleas                     | e call:                                                                     |                                                                                        |
| ROBERT L. MO                                                             | ody                                           | at (                                                                        | 543 - 0565<br>de & Daytime Telephone Number                                            |
| Name of Con                                                              | tact Person                                   | Area Co                                                                     | de & Daytime Telephone Number                                                          |
| Enclosed is a check for the fo                                           | ollowing amount made                          | payable to the Florida Depa                                                 | artment of State:                                                                      |
| S35 Filing Fee                                                           | lS43.75 Filing Fee &<br>Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 |                                               | Amend<br>Divisio                                                            | Address<br>Iment Section<br>on of Corporations<br>Building                             |

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

AMERIVET REAL ESTATE SERVICES INC.

| (Document Number of C                   | orporation (if known)                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1006. Florida Statutes, this <i>Flo</i> | orida Profit Corporation adopts the fol                                                                                                                                                                                                              | lowing amendment(s)                                                                                                                                                                                                                                                                                                                                                          |
| me of the corporation:                  |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                              |
|                                         |                                                                                                                                                                                                                                                      | The new                                                                                                                                                                                                                                                                                                                                                                      |
| ation "Corp." "Inc." or "Co             | ". A professional corporation name i                                                                                                                                                                                                                 | the abbreviation<br>must contain the                                                                                                                                                                                                                                                                                                                                         |
|                                         |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                              |
| (KELT ADDRESS )                         |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                              |
|                                         |                                                                                                                                                                                                                                                      | aque!                                                                                                                                                                                                                                                                                                                                                                        |
|                                         | <del></del>                                                                                                                                                                                                                                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                  |
|                                         |                                                                                                                                                                                                                                                      | 5                                                                                                                                                                                                                                                                                                                                                                            |
| OFFICE BOX)                             |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                              |
|                                         |                                                                                                                                                                                                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                     |
|                                         |                                                                                                                                                                                                                                                      | င္                                                                                                                                                                                                                                                                                                                                                                           |
|                                         |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                              |
|                                         | s in Florida, enter the name of the                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                              |
|                                         |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                              |
| ANDREA KAY MOODY                        |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                              |
| 15003 MEADOWLAKE STI                    | REET                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                              |
| (Florida street                         | address)                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                              |
| ODESA                                   | Starida 33                                                                                                                                                                                                                                           | 556                                                                                                                                                                                                                                                                                                                                                                          |
| ((C                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                                                                                                  | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                   |
|                                         |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                              |
|                                         | h and accept the obligations of the post                                                                                                                                                                                                             | ition.                                                                                                                                                                                                                                                                                                                                                                       |
| MALLA HA                                | y Mady                                                                                                                                                                                                                                               | <del></del>                                                                                                                                                                                                                                                                                                                                                                  |
|                                         | din the word "corporation," ation "Corp." "Inc." or "Cotion," or the abbreviation "P.2 if applicable: TREET ADDRESS)  d/or registered office address y registered office address: ANDREA KAY MOODY  15003 MEADOWLAKE STE  (Florida street ODESA  (Co | d/or registered office address in Florida, enter the name of the vegistered office address:  ANDREA KAY MOODY  15003 MEADOWLAKE STREET  (Florida street address)  ODESA  City  Angling Registered Agent: ered agent. I am familiar with and accept the obligations of the position. "Corp." "incorporated" or a incorporation name of the vegistered office address:  (City) |

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 <math>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    |                 | 59                  |
|-------------------------------|-----------------|-------------|-----------------|---------------------|
| X Remove                      | $\underline{V}$ | Mike Jones  |                 |                     |
| X Add                         | <u>sv</u>       | Sally Smith |                 |                     |
| Type of Action<br>(Check One) | Title           | <u>Name</u> | <u>Addres</u> s | ्र<br>्<br><i>प</i> |
| 1) Change                     |                 |             |                 |                     |
| Add                           |                 |             |                 | <del></del>         |
| Remove                        |                 |             |                 |                     |
| 2) Change                     |                 |             |                 |                     |
| Add                           |                 |             |                 |                     |
| Remove                        |                 |             |                 |                     |
| 3) Change                     |                 |             |                 |                     |
| Add                           |                 |             | <del></del>     |                     |
| Remove                        |                 |             |                 |                     |
| 4) Change                     |                 |             |                 |                     |
| Add                           |                 |             |                 |                     |
| Remove                        |                 |             |                 |                     |
| 5) Change                     |                 |             |                 |                     |
| Add                           |                 |             |                 |                     |
| Remove                        |                 |             | 1-              |                     |
| Channel                       |                 |             |                 |                     |
| 6) Change                     | <u> </u>        |             |                 |                     |
| Add                           |                 |             |                 |                     |
| Remove                        |                 |             |                 |                     |

|                                                                                                                                                                                                                                                                                                              | <del></del>   |
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|                                                                                                                                                                                                                                                                                                              | C.÷<br>Sega   |
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|                                                                                                                                                                                                                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                              |               |
| If an amendment provides for an exchange, reclassification, or cancellation of issued shares.                                                                                                                                                                                                                |               |
| . 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 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)                                                                                       |               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                                                                                                        |               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                                                                                                        |               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                                                                                                        |               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                                                                                                        |               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                                                                                                        |               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                                                                                                        |               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                                                                                                        |               |
| 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)  ANDREA KAY MOODY transfers 100% of her shares of stock (48 shares) to DAMON NEIL MOODY |               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                                                                                                        |               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                                                                                                        |               |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)                                                                                                                                                                                        |               |

| The date of each amendment                             | Janaury 1, 219                                                                                                                                           | , if other than the       |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| date this document was signed.                         |                                                                                                                                                          | , w                       |
| ince it is in the little                               | January 1, 2019                                                                                                                                          |                           |
| Effective date <u>if applicable</u> :                  | (no more than 90 days after amendment file date)                                                                                                         | <del></del>               |
|                                                        | this block does not meet the applicable statutory filing requirements, this date was Department of State's records.                                      | fill not be listed as the |
| Adoption of Amendment(s)                               | ( <u>CHECK ONE</u> )                                                                                                                                     |                           |
| The amendment(s) was/wer<br>by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.                                               |                           |
| ☐ The amendment(s) was/wei must be separately provide  | re approved by the shareholders through voting groups. The following statement of for each voting group cntitled to vote separately on the amendment(s): |                           |
| "The number of votes                                   | s cast for the amendment(s) was/were sufficient for approval                                                                                             |                           |
| by                                                     | (voting group)                                                                                                                                           |                           |
|                                                        | (voting group)                                                                                                                                           |                           |
|                                                        | re adopted by the board of directors without shareholder action and shareholder                                                                          |                           |
| action was not required.                               |                                                                                                                                                          | Ö                         |
| ☐ The amendment(s) was/wer action was not required.    | re adopted by the incorporators without shareholder action and shareholder                                                                               | .::                       |
|                                                        | 1.1.0                                                                                                                                                    | 5                         |
| Dated                                                  |                                                                                                                                                          | .~                        |
| a.                                                     | Kill March                                                                                                                                               |                           |
| Signature<br>(F                                        | By a director, president or other officer if directors or officers have not been                                                                         | ্ৰ গ্ৰ                    |
| St                                                     | elected, by an incorporator - if in the hands of a receiver, trustee, or other court                                                                     |                           |
| a                                                      | ppointed fiduciary by that fiduciary)                                                                                                                    |                           |
|                                                        | ROBERT LEE MOODY                                                                                                                                         |                           |
|                                                        | (Typed or printed name of person signing)                                                                                                                |                           |
|                                                        | PRESIDENT, CHAIRMAN                                                                                                                                      |                           |
|                                                        |                                                                                                                                                          |                           |

(Title of person signing)