

P100000 037 275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

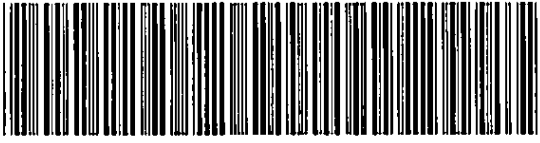
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATIONS
20 JAN 21 PM 4: 37

Amend

JAN 28 2020
D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Northside Animal Hospital of Jacksonville, INC.
Name of Corporation

DOCUMENT NUMBER: P10000037275

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandi D. Federico
Name of Contact Person
Northside Animal Hospital of Jacksonville, INC.
Firm/Company
11475 North Main Street
Address
Jacksonville, FL 32218
City/State and Zip Code
nahjax135@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph W. Sevelius at (904) 757-4610
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

20 JAN 24 PM 4: 37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2020

BRANDI D. FEDERICO
NORTHSIDE ANIMAL HOSPITAL OF JACKSONVILL
11475 NORTH MAIN STREET
JACKSONVILLE, FL 32218

SUBJECT: NORTHSIDE ANIMAL HOSPITAL OF JACKSONVILLE, INC.
Ref. Number: P10000037275

We have received your document for NORTHSIDE ANIMAL HOSPITAL OF JACKSONVILLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 620A00001033

RECEIVED
2020 JAN 24 PM 2:01

Articles of Amendment
to
Articles of Incorporation
of

Northside Animal Hospital of Jacksonville, Inc

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

P 10000037275

(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:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

FILED
DEPT. OF STATE
CORPORATIONS
PO JAN 21 PM 4:37

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Brandi Federico
11475 N. Main Street
(Florida street address)

New Registered Office Address: Jacksonville, Florida 32218
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Brandi Federico
Signature of New Registered Agent, if changing

- Check if applicable
- The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.
 - The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|------------------------|----------------------------------|
| 1) <input type="checkbox"/> Change | <u>V</u> | <u>Jennifer Butler</u> | <u>11475 N. Main St, Jax, FL</u> |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | <u>32218</u> |
| 2) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: January 21, 2020
(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 as the 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 shareholders. The number of votes cast 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 January 21, 2020

Signature R.W. Sevelius

(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)

R.W. Sevelius
(Typed or printed name of person signing)

DR
(Title of person signing)