# P10000100583

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
| (Ac                     | ddress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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|                         |                    |             |
|                         |                    |             |

Office Use Only



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12/23/10--01014--002 \*\*35.00

SECRETARY OF STATE ONS SECRETARY OF CORPORATIONS

Amenda

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:  | Northwest Veterinary Clinic, Inc.   |
|---|---|
| DOCUMENT NUMBER;  | P10000100583  |
| The enclosed Articles of Amendment  | and fee are submitted for filing.   |
| Please return all correspondence conce  | rning this matter to the following:   |
|   | Diane Sheppard Name of Contact Person  RTHWEST VETER I NAY CINIC A                                      |
| <u>   [NO</u> )   | Firm/Company  |
|   | 4806 66th Street North Address  |
| S   | t. Petersburg, Florida 33709-3193  City/ State and Zip Code   |
| E-mail address:   | (to be used for future annual report notification)  |
| For further information concerning this  BRIANE: JOHNS  Name of Contact Person  Enclosed is a check for the following a |   |
| \$35 Filing Fee \$43.75 Filing Fe<br>Certificate of Sta   | e & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee   |
| 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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2010

DIANE SHEPPARD 4806 66TH STREET NORTH ST. PETERSBURG, FL 33709-3193

SUBJECT: NORTHWEST VETERINARY CLINIC, INC.

Ref. Number: P10000100583

We have received your document for NORTHWEST VETERINARY CLINIC, 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):

#### PLEASE COMPLETE THE FORM IN ITS ENTIRETY.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 510A00029978

11 JAN 19 AM 6: 41

www.sunbiz.org

#### **Articles of Amendment** to

### Articles of Incorporation of

| to Ottobal Lang.   |
|--|
| y Clinic, Inc. ク   |
| with the Florida Dept. of State)   |
| y Clinic, Inc. with the Florida Dept. of State)  583   |
| poration (if known)  |
| Statutes, this Florida Profit Corporation adopts th  |
| ration:  |
| The  |
| "corporation," "company," or "incorporated" on "Corp," "Inc," or "Co". A professional corpor ssociation," or the abbreviation "P.A." |
| 4806 66th Street North SS)   |
| St. Petersburg, Florida 33709-3193   |
| 4806 66th Street North   |
| St. Petersburg, Florida 33709-3193   |
| office address in Florida, enter the name of the ce address:   |
|  |
| (Florida street address)   |
| (Florida street address), Florida (City) (Zip Code)  |
| 5 S  |

## 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) Address Type of Action Title Name · . ☐ Add ☐ Remove \_\_\_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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)

| The date of each amendment(s) adoption: DECEMBER 17, 2010   |
|---|
| Effective date if applicable: DECEMBER 17, 2010   |
| (no more than 90 days after amendment file date)  |
| 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)   |
| (voting group)  |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |
| Dated DANUARY 13, 2011  |
| Signature  (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 iduciary) |
| (Typed or printed name of person signing)   |
| DEAR Ms Albon Hon -   |
| THE MUSICINASAT IS FILED TO CORRECT A   |
| SCRIUNER'S ERROR IN THE ADDRESS. THE  |
| CORRECT ADDRESS IS ABOG (NOT 4800)  |
| Thank you En husm   |
|   |