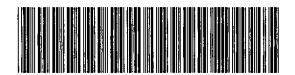
P11000014924

(Re	questor's Name)	
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SECRETARY OF STATE
ALL ANASSEF, FI CAMB.

C. LEWIS

AUG 2 8 2013

EXAMINER

COVER LETTER

• TO: Amendment Section
Division of Corporations

NAME OF CORPO	Emerald Shor	es Pet Hospital & Re	sort Inc	
DOCUMENT NUM	P11000014924			
		1. 1.0. (2)	- , , <u></u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Sherri N Dubuc			
	Emerald Shores Pet H	Name of Contact Person Hospital & Resort Inc		
		Firm/ Company		
	P O Box 6975			
		Address		
	Miramar Beach Fl 325	550		
		City/ State and Zip Cod	e	
pup	pydoc@cox.net			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		
Sherri Dubuc		850 at (622-0988	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
	endment Section	Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
	lahassee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

FILED

Emerald Shores Pet Hospital & Resort Inc

13 AUG 23 PM 12: 53

(Name of Corporation as currently filed with the Florida Dept. of State) P11000014924

SECRETARY OF STATE TALLAHASSEE, ELORIDA

(Document Number of Corporation (if known)

	& Spaw Inc	
must be distinguishable and contain the p.," "Inc.," or Co.," or the designation "C "chartered," "professional association," or	Corp," "Inc," or "Co". A professional	
nter new principal office address, if applic cipal office address <u>MUST BE A STREET</u>		
4		
	<u></u>	
nter new mailing address, if applicable: Iailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	
ailing address <u>MAY BE A POST OFFICE</u>		
ailing address MAY BE A POST OFFICE mending the registered agent and/or reg	ristered office address in Florida, enter	the name of the
mending the registered agent and/or registered agent and/or registered agent and/or the new registered.	ristered office address in Florida, enter	
mending the registered agent and/or the new registered agent a	sistered office address in Florida, enter ered office address:	
niling address MAY BE A POST OFFICE mending the registered agent and/or registered agent and/or registered agent and/or the new registered.	sistered office address in Florida, enter ered office address:	
ailing address MAY BE A POST OFFICE amending the registered agent and/or reg w registered agent anew registered.	eistered office address in Florida, enterered office address: (Florida street address)	

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 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			P O Box 6975
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary)	(Re specific)
Attach taatnonal sheets, ij hecessary)	. (be specific)
•	
If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,
provisions for implementing the an	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adopted date this document was signed.	on:	FILI	, if other than the
		19 AUC 0 -	U
Effective date <u>if applicable</u> :	(no more than 90 days	13 AUS 23 f	भा2: 53
Adoption of Amendment(s)	(CHECK ONE)	SECRETARY OF TALLAHASSEE,	F STATE FLORIDA
The amendment(s) was/were adopted by the shareholders was/were sufficient		er of votes cast for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each			,
"The number of votes cast for t	he amendment(s) was/were suffic	ient for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/were adopted action was not required.			
The amendment(s) was/were adopted action was not required.	by the incorporators without sha	renolder action and shareholder	
9.8			
selected, by		directors or officers have not been of a receiver, trustee, or other court	
Sh	erri N Dubuc		
	(Typed or printed)	name of person signing)	
Pre	esident		
	(Title of po	erson signing)	