P110000042896

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(City/State/Zip/Phone #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

Amend Brown 5-31-11

LAW OFFICES

BLAXBERG, GRAYSON, KUKOFF & TWOMBLY, P. A.

SUITE 730, NGRAHAM BUILDING 25 SOUTHEAST SECOND AVENUE MIAMI, FLORIDA 33131-1506 www.blaxgray.com

I. Barry Blaxberg Moises T Grayson* Ian J. Kukoff** Robert Twombly Gaspar Forteza Daniel Johnson David Matz Jacqueline Tornes Telephone: (305) 381-7979 ext 327 Telefax (305) 371-6816 Johnson@blaxgray.com West Coast Office 2047 5th Avenue N St. Petersburg, Fl. 33713

Jacqueline Tornes
*Also Licensed in New York
**Also Licensed in Texas

May 25, 2011

Via United States Postal Service

State of Florida Division of Corporations Attention: Theresa Brown P.O. Box 5588 Tallahassee, Florida 32314

Re: Articles of Amendment

Document #'s P11000042896 & L11000052456

Our File No.: 3244-1

Dear Ms. Brown:

Enclosed are copies of the above referenced documents that were sent to you for filing. They were sent along with a check in the amount of \$73.75 to cover the filing fees for both. Apparently, the documents were separated at your office and the amount applied to only one of the documents. Your office returned Document # P11000042896 to us for lack of payment. Enclosed is a copy of the check that was rendered as payment to cover the filing fees. Both front and back of the check are included and should clear up the matter.

Should you have any questions please feel free to contact me.

2696-83/DEJ/ruiz/6207

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:		Animal Clinic of Oceanway, Inc.	
DOCUMENT NUMBER:		P11000042896	
The enclosed Article	s of Amendment and fee	are submitted for filing.	
Please return all corr	espondence concerning	his matter to the following:	
		Daniel Johnson	
		Name of Contact Person	
	Blaxberg, G	rayson, Kukoff & Twombly, P.A.	
		Firm/ Company	
	25 SI	E 2nd Avenue, Suite 730	
-	** ***********************************	Address	
	P	Miami, Florida 33131	
61101000		City/ State and Zip Code	
was the consequences	johns E-mail address: (to be u	on@blaxgray.com sed for future annual report notification)	
For further informati	on concerning this matte	r, please call:	
	niel Johnson	at (305)3817979	
Name of	Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount	made payable to the Florida Department of State:	
□ \$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, 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**

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Auticles' of Ar	nendment ,
to Articles of Inco of	vay, Inc. the Florida Dept. of State) Jacob Sec. Florida Profit Corporation adopts the following
Animal Clinic of Oceanw	vav. Inc.
(Name of Corporation as currently filed with	the Florida Dept. of State) TALECRET. AME.
P11000042896	AHASSTOF 6
(Document Number of Corporati	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7109 SW 57th Road Gainesville, Florida 32608
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent: Robert Spieg	<u>el</u>
	h Road da street address)
Gainesville (City)	, Florida 32608 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. Lamfamil Signature of New Signature	gent: liar with and accept the obligations of the position.

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)

<u>Title</u>	Name	Address	Type of Action
PTD	Robert Spiegel	12837 N. Main Street Jacksonville, Florida 32218	☐ Add ☑ Remove
PTD	Robert Spiegel	7109 SW 57th Road Galnesville, Florida 32608	☑ Add □ Remove
VPSD	Patricia W. Spiegel	12837 N. Main Street Jacksonville, Florida 32218	
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, reclar for implementing the amendment if no applicable, indicate N/A)		

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)

ţ

<u>Title</u>	<u>Name</u>	Address	Type of Action
VPSD	Patricia W. Spiegel	7109 SW 57th Road Gainesville, Florida 32608	☑ Add □ Remove

The date of each amendmen	
Effective date if applicable:	5/9/11 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen ed 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)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	3 1 0 / 11 farl = 0.
Signature	a director, president or other officer) if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	pointed fiduciary by that fiduciary)
	Robert Spiegel
	(Typed or printed name of person signing)
	President, Treasurer, and Director
	(Title of person signing)