Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001375803)))



H120001375803ABC.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: ACCOUTANT & BUSINESS CONSULTANTS

Account Number: I20110000083 Phone : (305)705-7922 Fax Number (786) 353-0976

Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

Email.	Address:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN VCA INC Certificate of Status Certified Copy

0 Page Count 07 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: VCA INC
DOCUMENT NUMBER: P11000084717
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vanessa Arns
Name of Contact Person
VCA INC
Firm/ Company
110 SW 12 TH STREET # 2004
Address MIAMI, FL 33130
City/ State and Zip Code
info@decaseounting.com
info@dccaccounting.com E-mail address; (to be used for future annual report notification)
2-min address, the of used for fund annual report nontreations
For further information concerning this matter, please call:
Vanessa Duran at (305) 705 7922
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Malling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

19:47 05/24/12 EST Pg 4-7 FILE [19:47 85/24] 2012 HAY 25 AM 10: 19

VCA INC

(Name of Corporation as currently filed with the Florida Dept. of State) P11000084717

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation:	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: VANESSA ARNS PA	The new
name must be distinguishable and contain the word "corporation," "company," or "luc "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional col word "chartered," "professional association," or the abbreviation "P.A."	corporated" or the abbreviation
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)	
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	unme of the
Name of New Registered Agent	
(Florida street address)	
······································	orida
(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with died accept the obligations of the position

Signature of New Registered Agent, if changing

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	PT	John Do	e						
X Remove	Y	Mike Jor							
_X Add	<u>sv</u>	Sally Sm							
Type of Action (Check One)	<u>Title</u>		Name				<u>Addres</u> s		
1) Change Add Remove						 -			
2) Change Add Remove	· · · · · · · · · · · · · · · · · · ·	····				-			
3) Change Add Remove		-				- - -			
4) Change Add Remove		_				-			
5) Change Add Remove				· .				1	
6) Change Add Remove	`	-	, ·			·		*	1 Λ - · · · ·

(attach additional	dding additional At sheets, if necessary)	. (Be specific)			
		 			
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	VIII				
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If an amendment	provides for an ex-	change, reciassi	fication, or cancellatio	n of issued shares,	
provisions for in	nplementing the ameable, indicate N/A)	endment if not	contained in the amen	dment itself:	
(у пог пррт					
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The date of each amendment(s) adop	otion: 05/01/2012				
Effective date if applicable: 05/01	/2012				
HARPIERIE	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopt by the shareholders was/were sufficient	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.				
	ved by the shareholders through voting groups. The following statement ch 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/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder				
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder				
Dated_05/22/20	012				
Signature 1	nessagens.				
(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)					
арроппои					
<u></u>	VANESSA ARNS				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				