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SECRETARY OF STATE
ALL AHASSEF LETTERS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: FLORI	DA PE-	T CLINIC, INC.
DOCUMENT NUMBER: P 13 00	000492	104
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
TEJBIR	SAMD	HU
	Name of Contact	Person
	Firm/ Compa	ny
10810 BO	YETTE Address	RD # 508
RIVERVI	EW FI	33568
TEJBIRS AN  E-muil address: (to be u	sed for future annual	YAHOO, COM report notification)
For further information concerning this matter, plea	se call:	
TEJBIR SANDHU		13,388-8308
Name of Contact Person	Ai	ea Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florid	a Department of State:
\$35 Filing Fee \$\Bigcup \text{S43.75 Filing Fee & Certificate of Status}	S43.75 Filing For Certified Copy (Additional copy enclosed)	Certificate of Status
Mailing Address		treet Address
Amendment Section		Amendment Section
Division of Corporations P.O. Box 6327		Pivision of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

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FLORIDA PET CLINI	
(Name of Corporation as currently 1	
V130000 4920	
(Document Number of C	forporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  CHAMPION PET HUSPIT  name must be distinguishable and contain the word "corporation," "con-	TAL, INC. The new
"Inc.," or Co.," or the designation "Corp." "Inc.," or "Co" A. j. "chartered," "professional association," or the abbreviation "P.A."	npany, or incorporated or the appreviation Corp., watersianal corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE_A STREET ADDRESS</u> )	NO change
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NO Change
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent M.	Change
(Florida street	uddress)
New Registered Office Address: (Ci	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
	2019 Sec Iall
Signature of New Regi	SECRETARY SECRET

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 Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		NO change		
Add			<del></del>	
Remove				
2) Change				
Add				
Remove 3 ) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<u> </u>			
Add				
Remove				
Page 2 of 4				
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
MIA				

provisions for implementing the amendment if not contained in the amendment itself:  (y not applicable, indicate N/A)	
	<del></del>
Page 3 of 4	
The date of each amendment(s) adoption: 10 Dec 2019 late this document was signed.	, if other than th
Effective date if applicable: 10 DEC 2019	
(no more than 90 days after amendment file date)	<del></del>

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)

Adoption of Amendment(s)	ILON ONLY
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by	
(vo.	ting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated ODEC	2019
Signature Re-	Smus?.
selected, by an inc	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
	JBIR SANDHU (Typed or printed name of person signing)
$\circ$	
<b>1</b>	RESIDENT rison signing)
( title () pe	room againing