P13000092039

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COVER LETTER

T0: Amendment Section Division of Corporations

NAME OF CORPORATION: Integrative Veterinary Care & Canine Rehabilitation Inc.				
DOCUMENT NUMBER: P13000092039				
The enclosed Articles of	Amendment and fee are sub	omitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
C	lay Brand			
<u>O:</u>	lay Diano	Name of Contact Person		
In	togrativo Votorinani (
111	tegrative Veterinary (Firm/ Company	Dillation	
60	NAO North Ossan Ava		0.405	
<u> </u>	010 North Ocean Ave	Address	3433	
0	Did El 00405			
<u>0</u>	cean Ridge, Fl 33435	City/ State and Zip Code		
		City/ State and Zip Code		
claybra	and57@gmail.com			
	E-mail address: (to be use	ed for future annual report	notification)	
For further information concerning this matter, please call:				
Suzanne Plamondon		at (561	₎ 400-1386	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for 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 & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Integrative Veterinary Care & Canine R			
(Name of Corporation as currently	y filed with the Florida	Dept. of State)	
P13000092039			
(Document Number	of Corporation (if known	n)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Profit Corporation adopts the follow	wing amendment(s) to
A. <u>If amending name, enter the new name of the</u>	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Go.," or the designation "Cow word "chartered," "professional Association," or t	orp," "Inc," or "Co".	ompany," or "incorporated" or the A professional corporation name mu	a bbreviation
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>			-
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>)	<i>BOX</i>)		
D. If amending the registered agent and/or registered new registered agent and/or the new register Name of New Registered Agent		Florida, enter the name of the	
Name of New Negistered Agent	· ,		
	(Florida street addi	ress)	
New Registered Office Address:		, Florida	₹
new riegistation of ried ried ried.	(City)	(Zip Code)	SECRETAR)
New Registered Agent's Signature, if changing Following In the Appointment as registered agent agent the Appointment as registered agent agent the Appointment as registered agent a		d accept the obligations of the position	. `*
Signature of	f New Registered Agent, i	f 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.

X Change	PT	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	D	_	Suzanne Plamondon, DVM, N	6010 North Ocean Avenue
Add				Ocean Ridge
Remove				Florida, 33425
2) Change		_		
Add				
Remove				
3) Change	<u> </u>	<u></u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
r i Kemove				

Attach additional sheets, if necessary,	. (Be specific)	
· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an ex provisions for implementing the an (if not applicable, indicate N/A)	change, reclassification, or contained in	cancellation of issued shares, the amendment itself:
3		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (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)	
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 3-6-14	
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 fiduciary)	
Clay Stirling Brand (Typed or printed name of person signing) Rewident	_
(Title of person signing)	