

From: Joanna Hughes  
7/2/2015

Fax: (904) 930-4089

To: Division of Corporations  
Fax: (850) 617-6380

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# P15000035709

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : STONEBURNER BERRY PURCELL & CAMPBELL, PA  
Account Number : I20150000025  
Phone : (904)930-4089  
Fax Number : (904)930-4089

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FLORIDA

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

Email Address: gstoneburner@jaxlawgroup.com

2015 JUL -2 AM 9:15  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CK FIORE-BROOKS, P.A.**

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Corporate Filing Menu

Help

From: Joanna Hughes  
Jul 02 15 08:38a

Fax: (904) 830-4088  
Heron Creek Animal Hospital

To:

Fax: +1 (850) 817-8380

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941 423 3577 p.1

(H1500062689 3)

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CK FLORE-BROOKS PA  
DOCUMENT NUMBER: PI5 000035709

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gresham R. Stoneburner  
Name of Contact Person  
Stoneburner Berry Russell: Campbell, PA.  
Firm/ Company  
200 West Forsyth St. SUITE 1610  
Address  
JACKSONVILLE, FL 32207  
City/ State and Zip Code  
gstoneburner@jaxkwgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gresham Stoneburner at (904) 930 4083  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

(H1500062689 3)

(H1 5000 626 89 3)

Articles of Amendment  
to  
Articles of Incorporation  
of

CK FLORE BROOKS, PA

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

P15000035709

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

N/A

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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

N/A

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

Signature of New Registered Agent, if changing

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2015 JUL -2 AM 9:15

(H 1 50002689 3)

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:

☒ Change PT John Doe  
☒ Remove V Mike Jones  
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	Cindy Fiore-Brooks	Heron Creek Animal Hospital 1219 N. Sumpter Blvd. North Port, FL 34286
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	Cindy Fiore-Brooks	Heron Creek Animal Hospital 1219 N. Sumpter Blvd. North Port, FL 34286
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	Cindy Fiore-Brooks	Heron Creek Animal Hospital 1219 N. Sumpter Blvd. North Port, FL 34286
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	Cindy Fiore-Brooks	Heron Creek Animal Hosp 1219 N. Sumpter Blvd. North Port, FL 34286
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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From: Joanna Hughes  
Jul 02 15 08:39a

Fax: (904) 930-4088

To:  
Heron Creek Animal Hospital

Fax: +1 (850) 617-8380

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(H1 5000 624 893)

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(If not applicable, indicate N/A)

N/A

(H1 5000 624 893)

(H1 5000626893)

The date of each amendment(s) adoption: 7/1/2015, if other than the date this document was signed.

Effective date if applicable: 7/1/2015

(no more than 90 days after amendment file date)

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)

- ☐ 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 7/1/2015

Signature Cynthia Fiore-Brinks

(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)

Cynthia Fiore-Brinks, President  
(Typed or printed name of person signing)

Cindy Fiore-Brinks, President  
(Title of person signing)

(H1 5000626893)