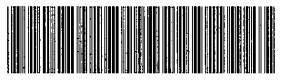
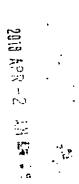
## P15000052527

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(A	idress)
(A	ddress)
(C	ty/State/Zip/Phone #)
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## **COVER LETTER**

2018 ATR-2 計算。

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:Vitality Veterin	ary Clinic, PA	
DOCUMENT NUSI	BER:P15000052527	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Dan Norton		
		Name of Contact Person	n
		Firm/ Company	
	220 Siena Gardens Cir		
		Address	
	Gotha, FL 34734	·	
		City/ State and Zip Cod	e
<b>c</b> ar	orton@hotmail.com		
1	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Dan Norton		407 at (	956-0104
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
	sion of Corporations	Amendment Section Division of Corporations	
PO.	Box 6327	Clifton Building	
Tilla	ihassee, FL 32314		xecutive Center Circle
		Tallaha	issee, FL 32301

## Articles of Amendment to Articles of Incorporation of

2018 APR -2 41, Apr .:

· nanty	reterinary Clinic.	PA			
	(Name o	f Corporation as currer	tly filed with the Flori	da Dept. of State)	
P150000	52527				
		(Document Number	of Corporation (if know		
Pursuant to the provision its Articles of Incorpora		1006, Florida Statutes, thi	s Florida Profit Corpor	ation adopts the following amendm	ent(s)
A. <u>If amending name,</u>	enter the new na	me of the corporation:			
Nona's /	Ark Animal Hospi	al, PA		The ner	••
"Corp.," "Inc.," of Co	o" or the design		"Co". A professional	'incorporated" or the abbreviation corporation name must contain the	17
D. Enter now principa	al office address	if a police blue	N/A		
				<del></del>	
			######################################		
			N/A		
,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	777 777 777 7	TITEL MOM			
D. 16		aria da ema	3		
				ine name of the	
	•	N/A	<del>_</del>		
<u>Name of New I</u>	Registered Agent				
		(Florida s	treet address)		
New Registered	l Office Address:	N/A		, Florida	
			(Civ)	(Zip Code)	
				ligations of the position	
nereny accept the paper	mmem as registe	rea agent. Tam jamina	with and accept the one	igations of the position.	
i					
		Signature of New	Registered Agent, if cha	nging	
A. If amending name, None's / name must be distings "Corp" "Inc" of Co word "chartered," 'pro B. Enter new princips (Principal office addres  C. Enter new mating (Mailing address M  D. If amending the reg new registered age  Name of New I  New Registered	enter the new na Ark Animal Hospit dishable and composition of the design of essional associated office address, it office address, is MUST BE A Si address, if applicate a property of the new Registered Agent I Office Address:  S Signature, if chemical of the new are address.	tal. PA  Tain the word "corporate ation "Corp," "Inc," or the abbreviation of applicable:  TREET ADDRESS  Cable:  OFFICE BOX  (Florida so N/A)  (Florida so N/A)  Tanging Registered Agency agent. I am familian are the applicable.	"Co". A professional "P.A."  N/A  N/A  N/A  dress in Florida, enter ss:  (City)  dt: with and accept the obi	the name of the	17

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 streets, 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; GFO = 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 toted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is

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	<u>PT</u> <u>Johr</u>	ı Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
l) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	<del></del>	Manager 1 and 1 an	<del>*************************************</del>
Add			
Remove			
4) Change		······································	Al-station and the state of the
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(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 document's effective date on the Department of State's records.	If not be listed as the
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.	
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)	
Temife Norton (Typed or printed name of person signing)	
(Title of person signing)	