

P17600004015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

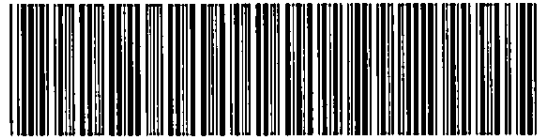
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2018

KATE FISCHMAN
TAMPA BAY VETERINARY SERVICES P.A.
3207 W SAN PEDRO ST
TAMPA, FL 33629

SUBJECT: TAMPA BAY VETERINARY SERVICES P.A.
Ref. Number: P17000004015

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE NOTE ON THE PRINTOUT PROVIDED, THERE ARE NO OFFICER/DIRECTORS LISTED. YOU CAN MAKE ALL NECESSARY CHANGES, INCLUDING ADDRESSES ON THE AMENDMENT FORM ATTACHED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 218A00000260

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JAN 11 2018
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

18

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tampa Bay Veterinary Services, P.A.

DOCUMENT NUMBER: P17000004015

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

Please return all correspondence concerning this matter to the following:

Kate Fischman
Name of Contact Person

Tampa Bay Veterinary Services, P.A.
Firm/ Company

3207 W San Pedro St
Address

Tampa, FL 33629
City/ State and Zip Code

ksfischman@gmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kate Fischman at (352) 219-6365
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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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

Articles of Amendment
to
Articles of Incorporation
of

Tampa Bay Veterinary Services, P.A.

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

P17000004015

(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:

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)

3207 W San Pedro St

Tampa, FL 33629

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3207 W San Pedro St

Tampa, FL 33629

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:

Name of New Registered Agent Kate Fischman

3207 W San Pedro St

(Florida street address)

New Registered Office Address: Tampa, Florida 33629

(City)

(Zip Code)

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

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

Kate Fischman

Signature of New Registered Agent, if changing

Page 2 of 4

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: _____
(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 01/15/18

Signature Kate Fischman
(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)

Kate Fischman
(Typed or printed name of person signing)

President
(Title of person signing)