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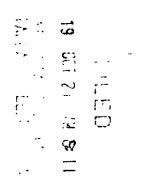
(Reque	stor's Name)
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PICK-UP	WAIT	MAIL
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Special Instructions to Filir	g Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Animal Health Cli	nic of the Palm Beaches, Inc	<u> </u>		
DOCUMENT NUME	P17000030181				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	spondence concerning this ma	atter to the following:			
	Blair Dack				
		Name of Contact Person			
	Animal Health Clinic of the Palm Beaches				
		Firm/ Company			
	5500 Military Trail				
		Address			
	Jupiter, Fl. 33458				
		City/ State and Zip Code	·		
blaira	dack.dvm@gmail.com				
-	-	sed for future annual report	notification)		
For further information	n concerning this matter, plea				
Blair Dack		at (
Name (of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			<u>Address</u>		
Ame	endment Section	Amendment Section			
	sion of Corporations		n of Corporations Building		
	. Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation \mathbf{of}

Animal Health Clinic of the Palm Beaches, Inc

(Name of Corporation as current)	ly filed with the Florida Dept. of State)
P17000030181	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
Lifetime Veterinary Center, Inc.	_The _new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation '	"Co". A professional corporation name must contain the
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)	NIA
	· 15 _ J
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent NA	
-	
(Florida sti	reet address)
New Registered Office Address: NA	, Florida
ren regimeres of the second	(City) (Zip Code)
New Registered Office Address: N A	
New Registered Agent's Signature, if changing Registered Agent	ti
Thereby accept the appointment as registered agent. I am familiar	жип апа ассері іне ониданнях ој те ромион.
Signature of New I	Registered Agent, if 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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additiona</i>	adding additional sheets, if nece	ssary). (Be s	specific)				
NIA							
							
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e 1	nt provides for	an arahanga	roelessificatio	an ar cancella	dian of issued	chares	
provisions for	implementing	the amendmen	it if not conta	ined in the an	nendment_itse	If:	
(if not app	licable, indicate	N/A)					
VIA							
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		<u></u>	_		<u> </u>		
		:					
<u> </u>			<u> </u>				
							<u></u>

October, 15, 2019	, if other than th
The date of each amendment(s) adoption:	If other than the
Effective date if applicable:	
Effective date <u>if applicable</u> : (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.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
(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 10 115 2019	
Dated 10 15 2019 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)	_
(Typed or printed name of person signing)	<u>.</u>
(Typed or printed name of person signing)	
President	

(Title of person signing)