# P188000 41558

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2018

SUMMER MCLAUGHLIN GRUNDER & PETTEWAY, P.A. 23349 NW CR 236, STE 10 HIGH SPRINGS, FL 32643

SUBJECT: FOUR STAR EQUINE VETERINARY SERVICES, INC.

Ref. Number: P18000041558

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):

The specific business purpose of the professional association must be stated in the document.

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: 618A00019733

www.sunbiz.org

# GRUNDER & PETTEWAY, P.A.

Attorneys at Law

Real Estate • Probate • Estate Planning • Corporate/Small Business

23349 NW CR 236, Suite 10 High Springs, Florida 32643 Telephone (386) 454-1298 Fax (386) 454-7496 or (386) 454-7381

Gary D. Grunder

Kyle E. Petteway

September 18, 2018

Secretary of State
Division of Corporations
Amendment Section
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment

To Whom It May Concern:

Enclosed are the following documents relating to an amendment for Four Star Equine Veterinary Services, Inc.:

- (1) Articles of Amendment for Four Star Equine Veterinary Services, Inc., signed by the President of the corporation;
  - (2) A check in the amount of \$35.00 for filing the Articles of Amendment (\$35.00).

Please contact me if you have any questions regarding the enclosed documents. Thank you for your attention to this matter.

Sincerely.

Summer L. McLaughlir

11547

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FOUR STAR EQUANE VEHINALY Services, In
DOCUMENT NUMBER: P1000041558
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SLAMMER MC LALIGINIA  Name of Contact Person  Grunder + Perfection PA  Firm' Company  33349 NIAL CR 2310 Ste 10  Address  HAM Springs F. 32643  City' State, and Zip Code  FSev S I G. a Wia I Com V  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Survey Mulaughto at (386) 454 1298 x 223  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:
□ \$35 Filing Fee  □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of		
	terinary Sommes Inc	_
(Name of Corporation as currently f	Oled with the Florida Dept. of State)	
PTX0000112	58	_
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this $FR$ its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to	υ
A. If amending name, enter the new name of the corporation:		
Four Star Equip Veteringly Ser,	LOUS DA	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.,	" "company," or "incorporated" or the abbreviation  o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	9035W Jourt Glen	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	FOCH White FL 32038	
C. Votar non-molling add-on-the order black		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	20.8	
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the	i L
new registered agent and/or the new registered office address:	70 7	,
Name of New Registered Agent		
	, , ,	
(Florida street	address)	
New Registered Office Address:	, Florida	
(Ci	ity) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position	
,	The state of the position.	

Signature of New 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 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	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			<del></del>
Add	-		· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			<del></del>
Add			<del></del>
Remove			
5) Change	<del></del> -		
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
To conduct any and all lawful business including, but not limited to mobile
veterinary medical Surgical and
emergency services.
errier gerico Services.
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)

The date of each amendment(s) adoption:	, if other than th
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 wildocument's effective date on the Department of State's records.	ill not be listed as th
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 9-13-18	
Signature 7	
(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)	
Jennifer Miller	
(Typed or printed name of person signing)	
President	·
(Title of person signing)	