P18000041558

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Four Star Equine V	eterinary Services, P.A.	
DOCUMENT NUMBE	R:		
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
Si	ımıner L. McLaughlin		
_		Name of Contact Person	1
G	runder & Petteway, P.A.		
_	·	Firm/ Company	
23	349 NW CR 236, Ste. 10	Time Company	
_		Address	
Н	igh Springs, FL 32643		
		City/ State and Zip Code	:
Summer	melaughlin@grunder-pette	way.com	
		sed for future annual report	notification)
For further information e	oncerning this matter, pleas		
Summer L. McLaughlin		386 at (de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amenc Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assec, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment to Articles of Incorporation of

Four Star Equine Veterinary Services, P.	A.		
(Name)	of Corporation as currently I	filed with the Florida Dept. of Stat	<u>te)</u>
P18000041558			
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Carp," "Inc," or "Ce	r". A professional corporation na	or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent are	OFFICE BOX) id/or registered office addres	ss in Florida, enter the name of the	2018 HOY 15 13 3:
new registered agent and/or the ne-	Debrah Miller		
Name of New Registered Agent	Treblan Mariet		
	963 SW Scout Glen		
	(Florida street	(address)	
New Registered Office Address:	Fort White	, Florida	
	(C	Jiya	(Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis.	ered agent. I am familiar wit	alla	position.
	Signature of New Reg	gistered 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.

X Change	PT	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	PST	Jennifer Miller	4852 Miser Station Rd.
Add			Friendsville, TN 37737
x Remove			
21 Change	PST	Jennifer Anne Miller-Bailey	4852 Miser Station Rd.
Add Add		-	Friendsville, TN 37737
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti Hach additional sheets, if necessary).	(Be specific)	
		
· · · · · · · · · · · · · · · · · · ·	_	
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	- -	
		
	_	
	.1 .16	sollation of ingual charge
an amendment provides for an excl provisions for implementing the ame	nange, reclassification, or car	ne amendment itself:
(if not applicable, indicate N/A)	Manual II IIV College	

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 document's effective date on the Department of State's records.	will 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ı
"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	
Signature (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, by other court appointed fiduciary by that fiduciary)	
Jennifer Anne Miller-Bailey	·- <u>·-</u> ·-
(Typed or printed name of person signing)	
President	
(Title of person signing)	-