P20000037165

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EFFECTIVE DATE

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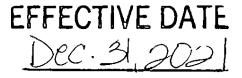
JAN 1 3 2022 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	
Stratford Care USA, Inc.	
SUBJECT: Name of Surviving Enti	ty
The enclosed Articles of Merger and fee are submitt	ted for filing.
Please return all correspondence concerning this ma	itter to following:
Gail Martin Abercrombie	
Contact Person	
Sivyer Barlow & Watson, P.A.	
Firm/Company	
401 East Jackson Street, Suite 2225	
Address	
Tampa, FL 33602	
City/State and Zip Code	
brian@stratfordrx.com	
E-mail address: (to be used for future annual report not	fication)
For further information concerning this matter, plea	ise call:
Gail Martin Abercrombie	813 221-4242 At ()
Name of Contact Person	Area Code & Daytime Telephone Number
Certified copy (optional) \$8.75 (Please send an	additional copy of your document if a certified copy is requested)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

IMPORTANT NOTICE: Pursuant to s.607.1622(8), F.S., each party to the merger must be active and current in filing its annual report through December 31 of the calendar year which this articles of merger are being submitted to the Department of State for filing.

ARTICLES OF MERGER



The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

FIRST: The name and jurisdiction of the surviving entity:

Name	Jurisdiction	Entity Type	Document Number (If known/ applicable)
Stratford Care USA, Inc.	FL	corporatio	P20000037765
			
SECOND: The name and jurisdiction of	f each <u>merging</u> eligible	entity:	
Name	<u>Jurisdiction</u>	Entity Type	Document Number (If known/applicable)
Animal Pharm Care USA, Inc.	FL	corporatio	P20000073246
			
			
THIRD: The merger was approved by each	domestic merging corpor	ration in accordance w	rith s.607.1101(1)(b), F.S., an
by the organic law governing the other partie	es to the merger.		

<u>FOUR</u>	TH: Please check one of the boxes that apply to surviving entity:
Ø	This entity exists before the merger and is a domestic filing entity.
	This entity exists before the merger and is not authorized to transact business in Florida.
	This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.
	This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
	This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.
	This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor is attached.
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.
<u>FIFT</u>	1: Please check one of the boxes that apply to domestic corporations:
Z	The plan of merger was approved by the shareholders and each separate voting group as required.
	The plan of merger did not require approval by the shareholders.
SIXTE	1: Please check box below if applicable to foreign corporations
	The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.
SEVE	NTH: Please check box below if applicable to domestic or foreign non corporation(s).
	Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

EIGHTH: If other than the date of fithan 90 days after the date this docum	ling, the delayed effective date of the merger, ent is filed by the Florida Department of State	which cannot be prior to nor more :				
December 31, 2021						
Note: If the date inserted in this block listed as the document's effective date	k does not meet the applicable statutory filing on the Department of State's records.	requirements, this date will not be				
Name of Entity/Organization:	: Signature(s):	Typed or Printed Name of Individual:				
Stratford Care USA, Inc.	Om I	Brian Nugent				
Animal Pharm Care USA, Inc.		Brian Nugent				
Corporations: General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:	Chairman. Vice Chairman, President or Of (If no directors selected, signature of incor Signature of a general partner or authorized Signatures of all general partners Signature of a general partner Signature of an authorized person	porator.)				