P21000059593

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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09/15/21--01019--008 **35.00



COVER LETTER :

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Animal Consultant	ts International 🤳 🛴				
DOCUMENT NUM	BER:					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Joel Silverman					
		Name of Contact Person	1			
	ANIMAL CONSULTANTS	INTERNATIONAL				
		Firm/ Company				
	11303 Shady Lake Run					
		Address				
	Fort Myers, FL 33913					
		City/ State and Zip Cod	v			
	joel@joelsilverman.net					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	661	_) 713-8832			
Name of Contact Person		at (Area Co) de & Davtime Telephone Number			
	r the following amount made					
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divi P.O.	hing Address endment Section sion of Corporations Box 6327 hhassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment Articles of Incorporation

of			
1 moral Carrier			
(Name of Corporation as currently	filed with the Florida Dept. of State	ı	
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendn	nent(s) to
A. If amending name, enter the new name of the corporation:			
		The ne	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, or "incorporated or the abb professional corporation name must	reviation "Corp. contain the wo	rd
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			-
			•
			•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		20	
(maining datiess grave bl. A r O. r Or r r C r. BO.S)			
		<u></u>	
D. If amending the registered agent and/or registered office addre		A A	111
new registered agent and/or the new registered office address:		<u> </u>	\cup
Name of New Registered Agent		22	63
			177
(Florida stree	et address)		
New Registered Office Address:	, Florida, Florida	(Zip Code)	
·	(n _i)	723p X Cut 7	
New Registered Agent's Signature, if changing Registered Agent:	al and a second of the second of the second		
I hereby accept the appointment as registered agent. I am familiar wi	un ana accept the obugations of the po.	suron.	
			
Signature of New Reg	gistered Agent, if changing		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

PT	John Doe	
<u>V</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
P	Joel Silverman	11303 Shady Lake Run
		Fort Myers, FL 33913
	_	
	<u>V</u> <u>SV</u> <u>Title</u>	V Mike Jones SV Sally Smith Title Name

Α	ttach additional sheets, if necessary). (Be specific)
_	
_	
-	
1 6	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>''</u>	rovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	A 1	
Effective date if applicable:	9/12/21	
	(no more than 90 days	after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep		tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of	of directors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The numb	er of votes cast for the amendment(s)
	oved by the shareholders through veach voting group entitled to vote se	oting groups. The following statement parately on the amendment(s):
"The number of votes cast t	or the amendment(s) was/were suff	icient for approval
by 1		<u> </u>
<i>if</i>	(voting group)	
//	1	
Dated	9/12/21	
		
Signature		
	ecto, president or other officer - if	
	by in incorporator – if in the hand: d fifuciary by that fiduciary)	s of a receiver, trustee, or other court
арролис		1
<u>!</u>	1 DEC JIL	VERMA
<i>y</i>	(Typed or printed name of	of person signing)
	PACCINE	
-	(Title of person signing)	