P23000028891

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COVER LETTER

Division of Corporations NAME OF CORPORATION: Molecular Pet Health Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lisa A. Piper Name of Contact Person Molecular Pet Health Firm/ Company 16210 Dew Drop Ln **Address** Tampa, FL 33625 City/ State and Zip Code drlisapiper@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa A. Piper Area Code & Daytime Telephone Number Name of Contact Person 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 Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Molecular Pet Health Inc.		
(Name of Corporation as curr	rently filed with the Florida Dept. of State)	
P23000028891		
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
	The new	
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	". A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	-	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	dress:	
Name of New Registered Agent	\$EC	
	da street address)	•••
(Florid	da street address)	.)
New Registered Office Address:	$\mathcal{P} \mathbb{Q}^{-1}$	
New Registered Office Address.	(City) , Florida (Zip Code)	: :
	TA C	၁
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiary	gent:	ט
Circ. CH	In Project and Agent if sharping	
Signature of Ne	lew Registered 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)

Remove

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	<u>ΡΥ</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) X Change	P	Lisa A. Piper	16210 Dew Drop Ln
Add			Tampa, Fl. 33625
Remove			
2) X Change	V	Wendy I. Cohn	2448 Martha Ln
Add			Land O' Lakes, FL 34639
Remove 3) Change			
Add			
Remove			
4) Change		_	<u></u>
Add			SECRETALLA
Remove			
5) Change			
Add			HII: 29 FE.FL
Remove			FL 29
6) Change			
Add			

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	E	, if other than the
date this document was signed. 4/20/2023		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	ses not meet the applicable statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	the shareholders. The number of votes cast for the amendment for approval.	nt(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following state of the group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other co	
	ciary by that fiduciary)	, and
Lisa A	. Piper	
	(Typed or printed name of person signing)	- 202 - SE
Presid	ent	FINE TALLA
	(Title of person signing)	R 24 AHII: 29 TARY OF STATE AND SEE, FL