P98000003140

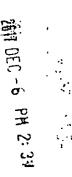
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COVER LETTER

<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
TO: Amendment Section Division of Corporations NAME OF CORPORATION: DANA S. WALSTAD, D.V.M. DOCUMENT NUMBER: P9800003140 The enclosed Articles of Amendment and fee are submitted for filling.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAWA S. WALSTAD Name of Contact Person ELLENTON ANIMAL HOSSITAL Firm/ Company 8123 U.S. 301 N Address PARRISH, FL 34219 City/ State and Zip Code
ELLENTONI ANIMAN HOSSITA
Firm/ Company
8123 U.S. 301 N
Address
PARRISH, FL 34219
City/ State and Zip Code
jucilisted @ tompabay. rr. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (941) 7761100 Area Code & Daytime Telephone Number
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to

* .				
DAWA S.	WALSTAD	DVM	PA	c ·
	poration as currently files	d with the Florid	a Dept. of State)	
Paga	0000214	- 🗸	n bepar of caute,	7,
	Document Number of Corp	voration (if known	.,	c*
	•			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florid	la Profit Corpora	tion adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of	the corporation:			
				79.7
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp." "Inc," or "Co".	company," or "i A professional c	ncorporated" or the corporation name n	The new he abbreviation nust contain the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>	licable: TADDRESS)			
				
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFIC	CE BOX)			
				
). If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in tered office address:	Florida, enter tl	ne name of the	
Name of New Registered Agent				_
	(Florida street ada	dress)		
Vina Brains and Office 111				
New Registered Office Address:	(City)		Florida	Zip Code)
	(0.0)		,	zip Colley
New Registered Agent's Signature, if changin	g Registered Agent:			
hereby accept the appointment as registered a	gent. I am familiar with ar	nd accept the oblig	zations of the position	on.
	Signature of New Register	red Avent if chan	oino	- -

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> Joh	ın Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	<u>V.P.</u>	Susanne J. Sullivan	1441 Maple Forest DRIVE
Add			1441 Maple Forest DRIVE Clearwater, FL 33764
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s (Be specific)			
			_	
		-		
			-	
				<u>-</u>
				<u> </u>
····		<u> </u>		
			of issued shares	
If an amendment provides for an exch provisions for implementing the ame	<u>ange, reclassification</u> ndment if not conta	ined in the amendr	nent itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification ndment if not conta	ined in the amendr	nent itself:	
provisions for implementing the amer	nange, reclassification ndment if not conta	ined in the amendr	nent itself:	
provisions for implementing the amer	nange, reclassification	ined in the amendr	nent itself:	
provisions for implementing the amer	nange, reclassification	ined in the amendr	nent itself:	
provisions for implementing the amer	nange, reclassification	ined in the amendr	nent itself:	
provisions for implementing the amer	nange, reclassification	ined in the amendr	nent itself:	
provisions for implementing the amer	nange, reclassification	ined in the amendr	nent itself:	
provisions for implementing the amer	nange, reclassification	ined in the amendr	nent itself:	

The date of each amendment(s) ac date this document was signed.	option:		 			, if other than the
Effective date if applicable:	12/3/17					
	(no mo	re than 90	days afte.	er amendment	file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this b document's effective date on the De	lock does not meet partment of State's r	the applica ecords.	able statut	tory filing req	uirements. this	date will not be listed as the
Adoption of Amendment(s)	(CHECK O	<u>NE</u>)				
The amendment(s) was/were ado by the shareholders was/were su	pted by the sharehole Ticient for approval.	ders. The r	number of	f votes cast fo	r the amendmer	nt(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareho	olders throu intitled to vo	ugh voting ote separa	g groups. The ately on the ai	following state mendment(s):	ment
"The number of votes cast	for the amendment(s) was/were	sufficient	t for approval		
by	(voting grou	1				
	tvoung grou	p)				•
☐ The amendment(s) was/were ado action was not required.	pted by the board of	directors w	vithout sha	areholder acti	on and shareho	lder
☐ The amendment(s) was/were ado action was not required.	pted by the incorpora	ators withou	ut shareho	older action a	nd shareholder	
Dated 12/	3/17					
Signature	hen its (100	to.	5 Dun	·	
selected	rector, president or o , by an incorporator ed fiduciary by that f	- if in the h	r – if direc hands of a	ectors or office a receiver, trus	ers have not bee stee, or other co	n purt
_	DANA	S.	W	ALSTA	<u>ال</u> ك , كل	M
	(Typed or	r printed na	ime of per	rson signing)	,	<u></u>
_	Pre	Giclen (Title of	it			
		(Title of	person si	igning)		

. . . .