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<u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Animal Hospital of the Tiger baint, (re.						
DOCUMENT NUMBER: 59-3522889						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person Animal Hospital of the Tiger Point Firm/Company 4/18 Gulf Breeze Arkway Address Cault Breeze, FL 32563 City/State and Zip Code						
E-mail address: yo be used for future annual report notification) For further information concerning this matter, please call:						
Debbie Hill at (850) 202-2020						
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:						
☐ \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

Animal Hospital of the	Tiger foint, Inc.	
	y filed with the Florida Dept. of Sta	ate)
<u>59-3522889</u>	<u> </u>	
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:	, .	
Animal Hospital of Tiger toil	nt lac.	The new
name must be distinguishable and contain the word "corporation," "Co", or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the c 1 professional corporation name m	abbreviation "Corp" ust contain the word
B. Enter new principal office address, if applicable:	N.A	~>
(Principal office address MUST BE A STREET ADDRESS)		· ·
		<u></u>
C. Enter new mailing address, if applicable:	- (1	
(Mailing address MAY BE A POST OFFICE BOX)	N.A	
		27
		• •
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		<u>he</u>
Name of New Registered Agent /		
,		
(Florida str	reet address)	
New Registered Office Address: \/\/A	, Florio	da
New Registered Office Address.	(City)	(Zīp Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to Signature of New Registered Agent.	E with and accept the obligations of the with and accept the obligations of the Registered Agent, if changing	e position.

Check if applicable \Box 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.

Example: X Change	PT John D	<u>)ne</u>	
X Remove	V Mike J	lones .	- /
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		· 	
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove		/	
5) Change			
Add			
Remove			
6) Change	/		
Add			
Remove			

		dditional Articles, en if necessary). (Be sp		<u>here</u> :		
11.	. 13	o remove	" the"	Lan H	o Moronsate	nama
IVE	eaung 1	U TOMOVE	1110	710/11 1/16	e. Corporate	TIGITE.
						
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		<u>les for an exchange, i</u> enting <u>the amendmen</u>				
	f not applicable, in		t ii iiut Coman	ico in the amenor	nene nacu.	
	NA					
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The date of eac	th amendment(s) adoption: May 13th 2025
date this docum	ent was signed.
Effective date <u>i</u>	if applicable:
_	(no more than 90 days after amendment file date)
Note: If the da document's effe	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.
Adoption of Ar	mendment(s) (<u>CHECK ONE</u>)
The amendm action was n	nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder of required.
	nent(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) sholders was/were sufficient for approval.
☐ The amendn must be sepe	nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):
"The n	number of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	5-13-25
	Dated
	Dated 5-13-25 Signature Lebbre H. Hill
	Signature (By a director, president or other officer – if directors or officers have not been
	selected, by an incorporator - if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	DEBBIE K. HILL (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	VICE PRESIDENT

Articles of Amendment

to

	Articles of theo	rporation		
Animal Hospin	tal of the	Tiger foint	I Inc.	
(Name of Co	rporation as currently	filed with the Florid	a Dept. of State)	
-0 0-0-00	<u>-</u>			
	(Document Number of	Corporation (if known	1)	
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corpora	tion adopts the following	ng amendment(s) to
A. If amending name, enter the new name of	of the corporation:			
Animal Hospital of name must be distinguishable and contain the ville. "Inc.," or Co.," or the designation "Corp.	word "chropration," "co	ompany," or "incorpo	rated" or the abbreviati	ion "Corp.,"
"chartered," "professional association," or the	he abbreviation "P.A."	programma corpora		
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		N.A		
(Principal office and the principal of the principal office and the pri	,	<u></u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		N·A		
D. If amending the registered agent and/or new registered agent and/or the new reg			the name of the	
Name of New Registered Agent	NA			
			· ·	
	(Florida stre	et address)		_
	х / 4-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
New Registered Office Address:	<u> </u>	(City)	, Florida /Zi	p Code)
		• •		
New Registered Agent's Signature, if change I hereby accept the appointment as registered	l agent. – I am familiar v	t with and accept the ob	ligations of the position	ı.
7	11			

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:

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Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	1
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			/
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_/	
Add	,		
Remove			
6) Change	<i></i>		
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Remove	,		

ttach additional shee	ng additional Articles, of ets. if necessary). (Be	specific)			
Needing	to comove	e "the" from	n the corpo	rate name.	
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(if not applicabl		ent in the contained in c			
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<u>. </u>					

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The date of each amendment(s) adoption	n: May	13th	2025		, if other than the
iate this document was signed.	,				
Effective date <u>if applicable</u> :	(no more th	ian 90 days aj	ster amendment s	file date)	
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the a	applicable sta			fill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopted baction was not required.	by the incorporator	s, or board of	directors withou	it shareholder action a	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie		. The numbe	r of votes east fo	r the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each	l by the shareholde voting group entitl	rs through vo ed to vote sep	ting groups. The arately on the ar	following statement mendment(s):	
"The number of votes cast for th	e amendment(s) wa	as/were suffic	ient for approva	1	
by	(voting group)				
	(voting group)				
Dated5-13.	25				
Dated 5-13. Signature	bu K.	Hill	, <u>.</u>		
(By a directo	r, president or othe	r officer – if c	firectors or offic	ers have not been ustee, or other court	
	duciary by that fidu		or a receiver, are	istee, w omer com	
$_{\mathcal{J}}$	EBBIE X (Typed or pr	C. HIL	<u></u>		
	(Typed or pr	inted name of	person signing)	ı	
$\underline{\hspace{1.5cm} V}$	ICE PRESIL	DENT		100	
	(Title of per	son signing)			