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MAY 23 2013 R. WHITE 13 MAY 21 AM 9: 4 SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Jennifer A. Brust DVM PA DOCUMENT NUMBER: P9800061516				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jennifer A. Gibson Name of Contact Person				
Firm/ Company  Cava cava Ct.  Address				
City/ State and Zip Code  City/ State and Zip Code  Cocien a Company C				
For further information concerning this matter, please call:				
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  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee & \$252.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation

FILED

Jennifer A. Brust Dum	PA 13 MAY 21 AM 9: 49
(Name of Corporation as currently filed with the Flo	rida Dept. 하당해당) AKY Un STA·IE역 TAEUAHASSE은 FEORIDA
P 980000 61516	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	WM PAThe new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	16746 Caracara Ct.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Soning Hill Fl-
	3 34/10
	5 (4)0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16746 Caracara Ct.
	Sovin Hill FL
	3460
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	de and account the abbrackers and the
I hereby accept the appointment as registered agent. I am familiar wit	n ana accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

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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 <math>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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Jennifer A. Brust Dr	• •
Add Remove			Spring Hill FL 34610
2) Change Add	P	Jennifer A. Gibsond	VM 16746 CaracarC1  Soring Hill FL
Remove 3)Change			34410
Add			
4) Change		<del>-</del>	
Remove			
5) Change Add			
Remove			
6) Change		_	
Add			

Atta	nending or adding additional Articles, enter change(s) here:  ch additional sheets, if necessary). (Be specific)
•	· · / ^
	_ <i>U/f</i> t
. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
	NA

The date of each amendment(s) adoption:
Effective date if applicable: 4-1-13
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 5-10-13
Signature  (By a director, presidention 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)
Tennifer A Gibsen DVW (Typed or printed name of person signing)
President
(Title of person signing)