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Office Use Only

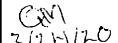


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: KEVIN J FONTE	NOT, DVM, PA	
DOCUMENT NUM	1BER: H99000004632		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	KEVIN J FONTEOT		
		Name of Contact Person	n
	SUNSHINE ANIMAL HOS	PITAL	
		Firm/ Company	
	5860 N WICKHAM RD		
		Address	
	MELBOURNE, FL 32940		
		City/ State and Zip Cod	e
	SUNSHINEANIMAL@LIV	E.COM	
	E-mail address: (to be us	sed for future annual report	notification)
F C			
ror turther informati	on concerning this matter, plea	se can.	
KEVIN J FONTENOT		at ( <u>321</u>	255-2161
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	■\$43.75 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)
Ar Di P.0	ailing Address mendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

KEVIN J FONTENOT, DVM, PA

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
Н99000004632			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	s Florida Profit Corporation adopts the following:	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,	Corp," "Inc." or "Co"	"company," or "incorporated" or the abbreviation A professional corporation name must contain "	"Corp.," the word
B. Enter new principal office address, if applicable:		5860 N WICKHAM RD	
(Principal office address <u>MUST BE A S</u>	STREET ADDRESS )	MELBOURNE, FL 32940	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent as	nd/or registered office add	dress in Florida, enter the name of the	
new registered agent and/or the ne	w registered office addres	<u>ss:</u>	
Name of New Registered Agent	N/A	<del></del>	
	(Florida si	treet address)	
New Registered Office Address:	N/A	, Florida	
		(City) (Zip Co	de)
New Registered Agent's Signature, if of the I hereby accept the appointment as regis		t: with and accept the obligations of the position.	SECRETARY NVISION OF CO 2020 MAR - 9
	Signguing of Nove	Registered Agent, if changing	A. 98 25 16 16 16 16 16 16 16 16 16 16 16 16 16
	ingramme of men	regard on rigeria y enunging	<b>2</b> 0

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)

Example:

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>PT</u>	<u>Iohn Doc</u>	
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		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
FIFTH article amended to read: "FIFTH: The aggregate number of shares which the corporation shall have authority to issu		
is TEN THOUSAND (10,000) SHARES of capital stock, \$0.001 par value each."		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
N/A		

	MARCH 03, 2020
The date of each amendment date this document was signed.	
_	MARCH 03, 2020
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as ne Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d 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
Shareholders of C	Corporation
· · · · · · · · · · · · · · · · · · ·	(voting group)
Marc Dated	ch 03, 2020
Signature	y a director, president or other officer – if directors or officers have not been
se	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	KEVIN J FONTENOT
	(Typed or printed name of person signing)
	INCORPORATOR
	(Title of person signing)
Sworn to or affirmed	and signed before me on 3 day of March, 2020
by KEIN	FONTENOT
Personally kno	own OR Produced Identification:FC
	wn OR <u>k</u> Produced Identification: <u>FC</u> <u>DC</u>
i	NOTARY PHBEIC

