

P990000 40445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

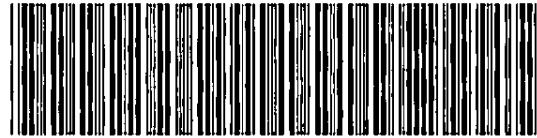
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000330856060

07/12/19 11:00:00 AM *90000

07/12/19 11:00:00 AM *90000

R WHITE

AUG 01 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2019

JANET L. MONACO
500 BARTON BLVD UNIT 2
ROCKLEDGE, FL 32955

SUBJECT: PET PROS OF CENTRAL FLORIDA, INC.
Ref. Number: P99000040445

We have received your document for PET PROS OF CENTRAL FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 619A00014791

RECEIVED

2019 JUL 31 PM 1:57

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PET Pros of Central Florida, Inc.
DOCUMENT NUMBER: 99000040445

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janet L Monaco
Name of Contact Person
PET Pros of Central Florida, Inc.
Firm/ Company
500 Barton Blvd Unit 2
Address
Rockledge FL 32955
City/ State and Zip Code
petpros3695@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet L. Monaco at (321) 639-4300
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

Already paid

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Ref Pros of Central Florida, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P 99000040445

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

500 Barton Blvd. Unit 2
Rockledge FL 32955

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

500 Barton Blvd Unit 2
Rockledge FL 32955

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

500 Barton Blvd Unit 2

(Florida street address)

New Registered Office Address:

Rockledge

(City)

, Florida

32955

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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)

The date of each amendment(s) adoption: July 10th 2019, if other than the date this document was signed.

Effective date if applicable: July 10th 2019
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 P&T PROS OF Central FL Inc
(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 7/29/19

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)

Janet L. Monaco

(Typed or printed name of person signing)

President

(Title of person signing)

BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PET PROS of Central Florida Inc.
2. The principal office address: 500 Barton Blvd Unit 2
Rockledge FL 32955
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 4/30/1999 Document number: P 99000040445

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Janet L. Monaco - President
3695 Murrell Rd Ste 101
Rockledge FL 32955

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Janet L. Monaco - President
500 Barton Blvd Unit 2
Rockledge FL 32955
P.O. Box NOT acceptable

2019 JUL 12 AM 9:26

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Janet L. Monaco - President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

7/10/2019
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314