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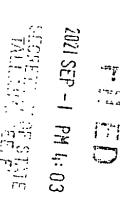
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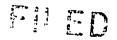
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GULF GATE ANI	MAL HOSPITAL, INC.	
	ER: P99000106117		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Mary E. Van Winkle		
•		Name of Contact Person	1
	Van Winkle & Sams, P.A.		
-		Firm/ Company	
	3859 Bee Ridge Road, Suite	202	
-	<u> </u>	Address	
	Sarasota, FL 34233		
-		City/ State and Zip Code	2
	Lvanwinkle23@gmail.com		
•		sed for future annual report	notification)
For further information Mary E. Van Winkle	concerning this matter, plea	941	923-1685
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Islanssee, FL 32314	Amend 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



Gulf Gate Animal Hospital, Inc. (Name of Corporation as currently filed with the Florida Dept. P99000106117 IALL(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendmen its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SRO Family Vet Group, Inc. 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." 1325 Wagon Wheel Drive B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Sarasota, FL 34240 C. Enter new mailing address, if applicable: 1325 Wagon Wheel Drive (Mailing address MAY BE A POST OFFICE BOX) Sarasota, FL 34240 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: Van Winkle & Sams, P.A. Name of New Registered Agent 3859 Bee Ridge Road, Suite 202 (Florida street address) , Florida 34233 (Zip Code) Sarasota New Registered Office Address: (City) 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. May & Va Windle

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, nam 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 = Executive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. T. 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 C. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

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		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
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)		
n/a		
		
	· , -	
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		
		
	<u> </u>	

· · · · · · · · · · · · · · · · · · ·	n/a ion: , if other tl
The date of each amendment(s) adopti date this document was signed.	on: n one n
nia	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file data)
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statinory filing requirements, this date will not be listed ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
[] The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval
by	.
v,	(voting group)
August 26, 2021	
Dated	
V:	Minima
Signature (By a directe	r, president or other officer if directors or officers have not been
	an incorporator - if in the hands of a receiver, trustee, or other court
appointed fi	ductary by that fiduciary)
Edw	ard A. Colc
	(Typed or printed rame of person signing)
Pres	ident
	(Title of person sigming)