563873

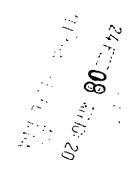
	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT MAI	L	
	(Business Entity Name)		
	(Business Entity Numer)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
J. HORNE			
FEB 2 9 2024			
1 60 6 3 2027			

Office Use Only



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Profit Corporation* pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

 Mailing Address
 Street Address

 Amendment Section
 Amendment Section

 Division of Corporations
 Division of Corporations

 P.O. Box 6327
 The Centre of Tallahassee

 Tallahassee
 23115 No. American Street Suits

Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

CR2E011 (1/20)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Central Florida An	imal Hospital, Inc.		
DOCUMENT NUME				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	S. Ann Wilson			
		Name of Contact Person	r	
	Wharton Law Group PA			
		Firm/ Company		
	456 S. Central Ave.			
	Address			
	Oviedo, FL 32765			
		City/ State and Zip Code		
	ann@whartonlawgroup.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
S. Ann Wilson		at (365-7193	
Name of Contact Person Area Code & Daytime Telephone N		le & Daytime Telephone Number		
Enclosed is a check for	r the following amount made [payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	S43.75 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)	
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation οſ

	ititienes of	Amendment	_
		to ncorporation	ida Dept. of State)
	•	of	3
Central Florida Animal Hospital, INc.			20
(Name of	Corporation as currer	itly filed with the Flor	ida Dept. of State)
63873			
	(Document Number	of Corporation (if know	wn)
ursuant to the provisions of section 607.10 s Articles of Incorporation:	06, Florida Statutes, thi	is Florida Profit Corpo	ration adopts the following amendment(s
. If amending name, enter the new nam	e of the corporation:		
Ruff Life NSB, Inc.			The new
ame must be distinguishable and contain th Inc.," or Co.," or the designation "Cor chartered," "professional association," of	p, " "Inc," or "Co".	A professional corpo	orated" or the abbreviation "Corp.," ration name must contain the word
Enter new principal office address, if		136 Via Capri	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		New Smyrna Bea	ch, FL 32169
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		136 Via Capri	
		New Smyrna Beac	h, FL 32169
			·- <u></u>
). If amending the registered agent and/onew registered agent and/or the new results of New Registered Agent			the name of the
1.	36 Via Capri		
	(Florida)	street address)	
	ew Smyrna Beach		, Florida 32169
New Registered Office Address: N		(City)	

Signature of New Registered Agent, if changing

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>	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			- <u>-</u>
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be specific)				
				
				
				
			·	
		<u> </u>		
			_	
		1.00		
an amendment provides for an exchange, reclassificat	ion, or cancellat	ion of issued shar	*P\$.	
rovisions for implementing the amendment if not cont	ained in the am	endment itself:		
(if not applicable, indicate NA)				
				<u> </u>

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requiepartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for afficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amo	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
selecte	frector, president or other officer – if directors or officers d. by an incorporator – if in the hands of a receiver, trust ted fiduciary by that fiduciary) (Typed or painted name of person signing)	
	(Title of person signing)	

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