N450000004787

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TO: Amendment Section Division of Corporations PAWS 2 HELP INC. NAME OF CORPORATION: N95000004787 DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary L Contessa (Name of Contact Person) Mary L Contessa CPA PA (Firm/ Company) 13749 49TH ST. NORTH (Address) WEST PALM BEACH FL 33411 (City/ State and Zip Code) MContessa@DBMSCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary L. Contessa 906-3236 (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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) 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

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Articles of Amendment to Articles of Incorporation of

PAWS 2 HELP INC.		
(Name of Corporation as curren	itly filed with the Flor	ida Dept. of State)
N95000004787		
(Document Numb	per of Corporation (if kr	nown)
Pursuant to the provisions of section 617,1006. Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	tion" or "incorporated	
B. Enter new principal office address, if applicable:		بغيب :
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	70
C. Enter new mailing address, if applicable:		77 - 70
(Mailing address MAY BE A POST OFFICE BOX)		
		[5: L
		
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		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:	
I hereby accept the appointment as registered agent. I am fa	miliar with and accept	the obligations of the position,
		
5	ignature of New Registe	rea 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)

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.

Example: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	Jamie Russo	5369 Garden Hills Circle
Add			West Palm Beach, Ft. 33415
X Remove			
2) Change	D	Charles V. Contessa	3200 Springdale Blvd. #205
X Add			Lake Worth, FL 33461
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)					
(anden additional sneets, y necessary).	(ne specific)				
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The	date of each amer	December 12, 2017	, if other than the
	this document was		. 11 other than the
•> ==		December 12, 2017	
EII	ective date <u>if appli</u>	(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not be ite on the Department of State's records.	e listed as the
Adoption of Amendment(s)		ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficier	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	December 21, 2017	
	Signature		
		(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		Mary L. Contessa CPA	
		(Typed or printed name of person signing)	
		President and Director	
		(Title of person signing)	