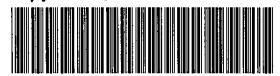
## N09000006293

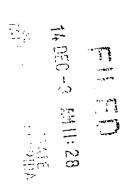
(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Global FI	ying Hospita	als, Inc.	
DOCUMENT NUMBER: N0900006	293		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Kelly M. Barker			
	(Name of Contact Person	1)	
Uncaged Paws, Inc.			
	(Firm/ Company)		
1549 Cass Lake Road			
	(Address)		12.3
Keego Harbor, Michigan	48320		
	(City/ State and Zip Cod	e)	
savinglives@unc	<del>-</del>	_	
E-mail address: (to be used	•	notification)	
For further information concerning this matter, please			喜品
Kelly M. Barker	<sub>at (</sub> 248	431-3080 ode & Daytime Telephone N	•
(Name of Contact Person)	(Area Co	ode & Daytime Telephone N	umber)
Enclosed is a check for the following amount made pa	ayable 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)	□\$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle	

## Articles of Amendment to Articles of Incorporation of

Global Flying Hospita	ais, inc.				
(Name of Corporation as current)	y filed with the Flo	orida Dept. of State)			
N0000006293					
(Doct	ment Number of C	orporation (if known)		7	
Pursuant to the provisions of section 617.I amendment(s) to its Articles of Incorporati	006, Florida Statut on:	es, this <i>Florida Not For Profi</i>	Corporation adopts the	following	ţ
A. If amending name, enter the new na	me of the corporat	tion:			
Uncaged Paws, Inc.				The new	,
name must be distinguishable and contain "Company" or "Co." may not be used in		ition" or "incorporated" or th	e abbreviation "Corp." o	r "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		9100 Monteve	llo Drive		
		<sup>)</sup> Orlando			
	·	Florida 32818			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1549 Cass Lake Road			
		Keego Harbor			
		Michigan 4832	20		
D. If amending the registered agent and new registered agent and/or the new			the name of the	14 DEC	
Name of New Registered Agent: Dwan Brown		n		i W	engregation
•	9100 Mor	ntevello Drive		117	. 7
New Registered Office Address:		(Florida street address)	<u></u>	28 28	
	Orlando		Florida 32818	ဏိ	
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)		
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. I am fa		· · ·		

Page 1 of 4

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>Mi</u>	<u>nn Doe</u> <u>ke Jones</u> Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address 28
1) X Change	С	Kelly M. Barker	1549 Cass Lake Road
Add			Keego Harbor, MI
Remove			48320
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			4
Remove			

## . E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Article I. The name of the Corporation shall be Uncaged Paws, Inc. Article II. The principal office is 9100 Montevello Drive, Orlando, FL. 32818 Article III. An animal welfare organization dedicated to providing solutions for rescuerehabiliation-training-rehoming for homeless and displaced domestic animals. The organization will create sustainable solutions that will enhance the quality of life of these deserving pets including spay/neuter programs which will address population control in the US. Article IV. Deleted Article V. The initial officer is Kelly M. Barker Article VI. The name and address of the registered agent is Kelly M. Barker, Dwan Brown 1549 Cass Lake Road, Keego Harbor, Michigan 48320 savinglives@uncagedpaws.org VII. The incorporator of Uncaged Paws, Inc. is Kelly M. Barker, 1549 Cass Lake Road, Keego Harbor, Ml. 48320

The	edate of each amendment(s) adoption: INOVERTIDEL 11, 2014	, if other than the
date	e this document was signed.	
ГС	· · · · · · · · · · · · · · · · · · ·	
ĿП	ective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
Ad	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 11/11/2014	
	Signature Liely Marker	
	(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)	
	Kelly M. Barker	
	(Typed or printed name of person signing)	
	Chairman	
	(Title of person signing)	



November 25, 2014

KELLY M. BARKER UNCAGED PAWS, INC. 1549 CASS LAKE ROAD KEEGO HARBOR, MI 48320

SUBJECT: GLOBAL FLYING HOSPITALS, INC.

Ref. Number: N09000006293

We have received your document for GLOBAL FLYING HOSPITALS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 214A00025013