

N100000004410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

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12/20/10--01011--025 **43.75

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2010 DEC 28 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

DEC 29 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CHLOE'S Paw, Inc.

DOCUMENT NUMBER: N10000004410

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

Please return all correspondence concerning this matter to the following:

Tina M. Browne
Name of Contact Person

CHLOES Paw, Inc.
Firm/ Company

1207 OLD Kings RD
Address

Daytona Beach, FL 32117
City/ State and Zip Code

CHLOES.PawINC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina M. Browne at (386) 492.1184
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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2010

TINA M BROWNE
CHLOE'S PAW INC.
1207 OLD KINGS RD
DAYTONA BEACH, FL 32117

SUBJECT: CHLOE'S PAW INC.
Ref. Number: N10000004410

We have received your document for CHLOE'S PAW 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 010A00029520

Articles of Amendment
to
Articles of Incorporation
of

CITLOES PAW INC.

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

N10000004410

(Document Number of Corporation (if known))

FILED
2010 DEC 28 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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

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

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:

New Registered Office Address:

(Florida street address)

_____, Florida _____
(City) (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

(Attach additional sheets, if necessary)

| Title | Name | Address | Type of Action |
|-------|---------------------|---|--|
| VP | Linda Rowell | P.O. Box 354529 PALM BEACH FL 32135 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| VP | Kenneth Blankinship | 3013 Silver Palm Dr EDgewater, FL 32141 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

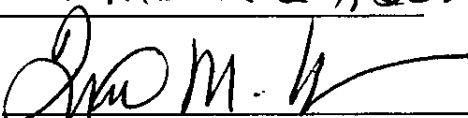
[illegible]

The date of each amendment(s) adoption: NOVEMBER 24, 2010
(date of adoption is required)
Effective date if applicable: JUNE 1, 2010
(no more than 90 days after amendment file date)

Adoption 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 NOVEMBER 24, 2010

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)

Tina M. Browne

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)