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FILED SECRETARY OF STATE TAULAHASSUE, FLORIDA

11/22/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	PRPORATION: _	ProJe	<u>CT</u>	PAWS	INC	·
DOCUMENT	NUMBER:	<u>N 1000C</u>	000	<u>6556</u>		
The enclosed A	rticles of Amendm	nent and fee are sub	omitted fo	or filing.		•
Please return al	correspondence c	oncerning this mat	ter to the	following:		
	Kris	TIN BUG	CHAI	NAC		
•		(Name of	Contact	Person)		
		(Firm	n/ Compa	ny)		
	(047	SHORT (DAR Address)	COURT		
	SANF	ORD, FL (City/Sta	3 ate and Zi	Dココト p Code)		
-	Kpolul E-mail	ack e c	Como	ast. ne ire annual repo	+ rt notificatio	n)
For further info	rmation concerning	g this matter, please	e call:			
KRISTIN	BUCHA Name of Contact P	レ <u>ロル</u> erson)	at (_	<u> </u>	314 · 10	552 Telephone Number)
		ing amount made p				
\$35 Filing Fe		Filing Fee & e of Status	Cert (Add	13.75 Filing Fe ified Copy litional copy is osed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Máiling Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions		Clifton Build	Section Corporations	·

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PROJECT PAW	S Tuc	
(Name of Corporation as currently	y filed with the Florida Dept. of State	
		,
N 1000 000 65	of Corporation (if known)	· · · ·
(Document Number	or Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flow the following amendment(s) to its Articles of Incorp		fit Corporation adopt
A. If amending name, enter the new name of the	corporation:	
The new name must be distinguishable and conta abbreviation "Corp." or "Inc." "Company" or "C		orated" or the
3. Enter new principal office address, if applical Principal office address MUST BE A STREET A		
Frincipal Office address MOST BE A STREET A	<u>DDRE33</u>)	
		
<u>\</u>		
C. Enter new mailing address, if applicable:		
(Mailing address) MAY BE A POST OFFICE	<u>BOX</u>)	
<u> </u>		
\\		
D. If amending the registered agent and/or regis		the name of the
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent:	48	
\		
New Registered Office Address:	(Florida street address)	
		Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	logistared Agent	
hereby accept the appointment as registered ag		the obligations of the
position.		
Signa	nture of New Registered Agent, if chang	ing

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)

Type of Action <u>Address</u> <u>Title</u> <u>Name</u> V.P. KRISTIN L. BUCHANAN 647 SHORT OAR CT. Add SANFORD, FL Remove MARGARET K. STOUDT TREAS. 676 SARANAC DRIVE Add WINTER SPRINGS FL TREMOVE 32708 __ 🔲 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: _	AUGUST	<u> </u>	<u>2010</u>				
•	(date of adopt	ion is requ	ired)				
Effective date if applicable:							
(no more than 90 days after amendment file date)							
Adoption of Amendment(s) (C	HECK ONE)						
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the	number of	f votes cast for the amendment(s)				
There are no members or members entitle adopted by the board of directors.	d to vote on the am	endment(s)	. The amendment(s) was/were				
Dated NOVEMBE	R 12, 2011	0					
Signature Kristi	2. Bu	_					
	r vice chairman of	the board, j	president or other officer-if directors				
			n the hands of a receiver, trustee, o				
other court appoint	ed fiduciary by that	t fiduciary)					
KR	ISTIN L.	Buci	40~00				
	yped or printed nar						
(.	NE - De Francis van	p-100	··oo/				
V	CE PRES	DENT	• •				
	(Title of persor	signing)					