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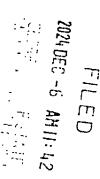
| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name) | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
| | J. HORNE | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| Paw Warriors, Inc. NAME OF CORPORATION: | -111 |
|---|--|
| N11000003655 | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the followin | g: |
| Mary Stafford | |
| (Name of Conta | ct Person) |
| Paw Warriors, Inc | |
| (Firm/ Com | pany) |
| 355 Spring Time St | |
| (Addres | s) |
| Spring Hill, FL 34608 | |
| (City/ State and | Zip Code) |
| paw.warrior@yahoo.com | |
| E-mail address: (to be used for future annua | l report notification) |
| For further information concerning this matter, please call: | |
| Mary Stafford | 727 841-0485 |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Flor | ida Department of State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Certificate of Status ☐ \$43.75 Filing Certified Copy (Additional coenclosed) | Certificate of Status |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Paw Warriors, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N11000003655 (Document Number of Corporation (if known) 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: 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: P.O. Box 3 (Mailing address MAY BE A POST OFFICE BOX) Elfers, Fl 34680 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: Mary Stafford Name of New Registered Agent: 355 Spring Time St (Florida street address) New Registered Office Address: Spring Hill (City) 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.

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 | V Mil | n Doe se Jones y Smith | |
|--|--------------------|---|---|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add | CEO | Tracie Steger | 355 Spring Time St Spring Hill, FL 34608 |
| x Remove | | | |
| 2) Change Add | <u>O</u> | Kaitlyn Bishop | 355 Spring Time St Spring Hill, FL 34608 |
| x Remove 3) Change Add x Remove | <u>s</u> | Kristy Morin Sears | 355 Spring Time St Spring Hill, FL 34608 |
| 4) Change Add | <u>O</u> | Leanna Moes | 355 Spring Time St Spring Hill, FL 34608 |
| × Remove | | | |
| 5) Change × Add | <u>P</u> | Mel McBride | 355 Spring Time St Spring Hill, FL 34608 |
| Remove | | | |
| δ) Change Add | <u>VP</u> | Deborah Sadlowski | 355 Spring Time St Spring Hill, F1 34608 |
| Remove | | | |
| E. If amending or ad- (attach additional sh | | Articles, enter change(s) here: y). (Be specific) | |
| additionl amendment of | of officers and di | rectors | |
| 7) Add | D | Katie Bass | 355 Spring Time St |
| | | | Spring Hill, FI 34608 |
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| | 12/2/2024 | |
| The date of each amendment(s) adoption date this document was signed. | n: | , if other than the |
| Effective date if applicable: 12/3/2024 | | |
| | (no more than 90 days after amendment file date) | |
| | es not meet the applicable statutory filing requirements, this date will not be | e listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

| Datad | 12/3/2024 |
|-----------|--|
| Dated | |
| Signature | Webstah ad busta |
| ngnatur | (by the chairman of vice chairman of the board, president of 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) |
| | office court appointed reductary by that reductary, |
| | Deborah Sadlowski |
| | (Typed or printed name of person signing) |
| | |

Articles of Amendment to

| · · | | |
|--|---------------------------------------|---|
| Artic | eles of Amendment | |
| Articl | to es of Incorporation | F11 = |
| | of | 2024 DEC - ED |
| Paw Warriors, Inc | | 2024 DEC-6 AMII: |
| Name of Corporation as currently filed with the Florida | Dept. of State) | |
| N11000003655 | | - Star |
| (Document Num | ber of Corporation (if know | vn) , , , , |
| ursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation: | ites, this <i>Florida Not For F</i> | Profit Corporation adopts the following |
| . If amending name, enter the new name of the corpora | ation: | |
| | | The new |
| ame must be distinguishable and contain the word "corpor | ation" or "incorporated" o | |
| Company" or "Co," may not be used in the name. | | |
| Enter new principal office address, if applicable: | | |
| Principal office address <u>MUST BE A STREET ADDRESS</u> | Σ) | |
| | | |
| | | |
| . Enter new mailing address, if applicable: | P.O. Box 3 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | Elfers, Fl 34680 | <u> </u> |
| | | |
| | | |
| . If amending the registered agent and/or registered off new registered agent and/or the new registered office | fice address in Florida, en | ter the name of the |
| Many St | · · · · · · · · · · · · · · · · · · · | |
| Name of New Registered Agent: Mary Sta | arroru | |
| 355 Spri | ng Time St | |
| Many Province and Coffine Address | (Florid | a street address) |
| New Registered Office Address: | 7'11 | FI. 24622 |
| Spring H | | , Florida <u>FL 34608</u> |
| | (City) | (Zip Code) |
| ew Registered Agent's Signature, if changing Registered | d Agent: | |
| hereby accept the appointment as registered agent. I am for | amiliar with and accept the | obligations of the position. |
| | Nam Lator | isad |
| <u></u> | Signature of New Registere | digent, 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> | ohn Doe like Jones ally Smith | |
|--|---------------------------------------|-------------------------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| l) Change Add | CEO | Tracie Steger | 355 Spring Time St Spring Hill, FL 34608 |
| X Remove 2) Change Add | 0 | Kaitlyn Bishop | 355 Spring Time St Spring Hill, FL 34608 |
| * Remove 3) Change Add * Remove | <u>s</u> _ | Kristy Morin Sears | 355 Spring Time St Spring Hill, FL 34608 |
| 4) Change Add | 0 | Leanna Moes | 355 Spring Time St Spring Hill, FL 34608 |
| Remove Change Add | <u>P</u> | Mel McBride | 355 Spring Time St Spring Hill, FL 34608 |
| Remove 6) Change 5 Add | VP | Deborah Sadlowski | 355 Spring Time St Spring Hill, Fl 34608 |
| E. If amending or a | dding additiona sheets, if necessa | l Articles, enter change(s) here: | |
| addition! amendment | of officers and d | lirectors | |
| 7) Add | D | Katie Bass | 355 Spring Time St |
| | | | Spring Hill, FI 34608 |
| | | Nano Dass | |

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| The date of each amendment(date this document was signed. | (s) adoption: $\frac{1}{2}$ | 2/3/2024 | <u>.</u> | | | , if other than the |
| | 12/3/2024 | | | | | |
| mappheasic. | (no | more than 90 day | ys after amendme | nt file date) | | |
| Note: If the date inserted in thi document's effective date on the | is block does no | ot meet the applic | able statutory fili | | this date will not b | e listed as the |
| Adoption of Amendment(s) | (<u>C</u> | HECK ONE) | | | | |
| The amendment(s) was/we was/were sufficient for app | ere adopted by proval. | the members and | the number of vo | tes cast for the ar | mendment(s) | |

| Dated | 12/3/2024 |
|---------|--|
| Signatu | |
| _ | (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) |
| | Deborah Sadlowski |
| | (Typed or printed name of person signing) |
| | |
| | Vice //nex. |