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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Comfort Zone, Inc.
DOCUMENT NUMBER: N/100000	Comfort Zone, Inc.
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Patric	cla M. Masen me of Contact Person)
Canine	Confurt Zone, Inc.
	(Firm/ Company)
6820 Thon	(Address)
	(Address)
Plant (City, FL 33565 V/State and Zin Code)
(Cit	y/ State and Zip Code)
Canine comfort 20 E-mail address: (to be used for	ne O akiail. com
E-mail address: (to be used for	future abrilial report notification)
For further information concerning this matter, please call:	
Patricia Mason	at 813- 267-3898 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	
(4	43.75 Filing Fee & S52.50 Filing Fee ertified Copy Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Inticles of Incomposition

SECRETARY OF

	Articles of Incorpor	'ation	SELECT INCY	CREORATA
Canine Com	but Zone.	Inc.	2010 JUN -6	AM 11: 1@
(Name of Corporation as		the Florida De	ept. of State)	
	75655			
(Documer	nt Number of Corpora	ation (if known)		•
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florid</i>	la Not For Prof	d Corporation adop	ots the following
A. If amending name, enter the new name of the co	propration:			The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "inc	orporated" or ti	he abbreviation "Co	
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADL</u>		NIA		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	J/A		
D. If amending the registered agent and/or registern new registered agent and/or the new registered		Florida, enter	the name of the	
Name of New Registered Agent:	N)/A		
<u>New Registered Office Address</u> :	() [}	,	reet address)	
		· · · · · · · · · · · · · · · · · · ·	, Florida	
	(City)		(Zip Соа	le)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	<mark>istered Agent:</mark> I am familiar with ar	nd accept the ob	ligations of the posi	ition.
		N/A		
	Signature of No	ew Registered A	gent, 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	V Mik	n Doc c Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>\\P</u>	TracyRose	10515 Skylark Pl. Riverview, FL 33569
2) Change Add Remove	VP	Erin Maloney	2317 Kenwick Dr. Valvico, FL 33596 (813) 892-9334
3) Change Add			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change		···	
Add Remove			

E.	If amending or adding additional Arti	icles, enter change(s) here:
	If amending or adding additional Articutach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption:date this document was signed.	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	oe listed as the
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 6/3/18 Signature Particum moren	
	_
(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)	
Patricia M. Mason	
(Typed or printed name of person signing)	
Sec/TNPS. (Title of person signing)	
(Title of person signing)	