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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations					1
PANAME OF CORPORATION:	AWS Assistance Do	ogs, Inc.			
NAME OF CORPORATION:					-
N1200 DOCUMENT NUMBER:	0000453 				
The enclosed Articles of Amendme	nt and fee are subm	nitted for filing.			
Please return all correspondence co	ncerning this matter	r to the following:			9
Danielle Simmons					
		(Name of Contact Per	rson)	·	
Thomas F. Hudgins, PLLC					
		(Firm/ Company)	,		 -
2800 Davis Blvd., Suite 203					
		(Address)	•	•	<u> </u>
Naples, FL 34104					
	((City/ State and Zip C	ode)		
danielle@naplestax.com					
E-mail a	ddress: (to be used	for future annual repo	ort notification	1)	
For further information concerning	this matter, please o	call:			
Danielle Simmons		at	239	263-7660	
(Name	of Contact Person)	at	(Area Code)	(Daytime Teleph	one Number)
Enclosed is a check for the following	ig amount made pay	rable to the Florida D	epartment of	State:	
	3.75 Filing Fee & [rtificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Sect			et Address endment Secti	ion	
Division of Corpo	orations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 3	2314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PAWS Assistance Dogs, Inc.	
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N12000000453	
(Document Nun	nber of Corporation (it known)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
Golden PAWS Assistance Dogs, Inc.	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>)	<u>N/A</u> <u>S</u>)
	\$100 PS 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	P. 2: 35
If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	aduress:
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
Thereby accept the appointment as registered agent. Tam j	familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

Page 1 of 4

address of each Offic (Attach additional she Please note the officer P = President: V= Vic	er and/or D ets, if necess (director titl ce President) O = Chief F	virector being added: Eary) The by the first letter of the office title: The Treasurer: See Secretary: Dee Distinguish Officer. If an officer/directo	of each officer/director being removed and title, name, and rector; TR= Trustee; C = Chairman or Clerk; CEO = Chief r holds more than one title, list the first letter of each office
a change. Mike Jones	leaves the co		is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Robert Young	2800 Davis Blvd., Suite 203
X Add			Naples, FL 34104
Remove			
2) Change	SD	Danielle Simmons	2800 Davis Blvd., Suite 203
Add			Naples, FL 34104
X Remove			
3) X Change	TSD	Stacey Moody	2800 Davis Blvd., Suite 203
Add			Naples, FL 34104
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

Page 2 of 4

__ Remove

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	

The date of each amendment(s) adopt	1/21/2019 ion:	, if other than the
ate this document was signed.		
1/21/201 Effective date if applicable:	9	
	(no more than 90 days after amendment file date)	1
Sote: If the date inserted in this block of locument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated Signature		
(By the chairman have not been s	n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
Kyle Reed		
	(Typed or printed name of person signing)	
President an	d Director	
<u>.</u>	(Title of person signing)	