

N12000005397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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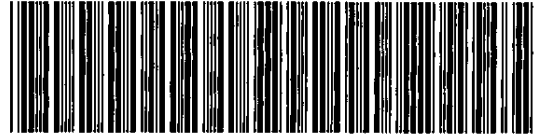
(Business Entity Name)

(Document Number)

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14 AUG 29 PM 12:32

Amend
@ 9.8.14

CHANGE OF ADDRESS AND OFFICERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Helping Paws 22 INC

DOCUMENT NUMBER: 112 000005 327

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

Please return all correspondence concerning this matter to the following:

PATRICIA MELANIE AGNELLO
(Name of Contact Person)

Helping Paws 22 INC
(Firm/ Company)

2200 NE 2nd Ave
(Address)

CAPE CORAL FL 33909
(City/ State and Zip Code)

helpingpaws22@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA M. AGNELLO at (239) 209-6622
(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:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
14 AUG 29 PM 12:32

Helping Hands 22 INC

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

N12000005397

(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:

N/A

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**)

2200 NE 2nd Ave
CAPE CORAL, FL
33909

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2200 NE 2nd Ave
CAPE CORAL FL
33909

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:

2200 NE 2nd Ave

(Florida street address)

New Registered Office Address:

CAPE CORAL

(City)

, Florida

33903

(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.

N/A

Signature of New Registered Agent, 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- 1) ☒ Change ADDRESS ED PATRICIA AGNELLO 2200 NE 2nd AVE
CAPE CORAL, FL
33909
☐ Add
☐ Remove
- 2) ☒ Change D RATIE MCCONNELL 536 NW 11th Terr
CAPE CORAL FL
33993
☐ Add
☒ Remove
- 3) ☐ Change D AMBER COOK WILTON
2200 NE 2nd AVE
CAPE CORAL FL
33909
☐ Add
☒ Remove
- 4) ☐ Change D MARIE WILSON 2200 NE 2nd AVE
CAPE CORAL FL
33909
☒ Add
☐ Remove
- 5) ☐ Change D MARCELA MC CRACKEN 2200 NE 2nd AVE
CAPE CORAL, FL
33909
☒ Add
☐ Remove
- 6) ☐ Change ☐ Add
☐ Remove

The date of each amendment(s) adoption: _____
date this document was signed.

8/20/14

, if other than the

Effective date if applicable: _____

8/15/14

(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

8/15/14

Signature

Patricia Meloni Anello

(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 Meloni Anello

(Typed or printed name of person signing)

Executive Director

President

(Title of person signing)