N12892

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Palm Beach Hound	ls, Inc.		
	N12892			
DOCUMENT NUMBER:				
The enclosed Articles of Amenda	nent and fee are submi	tted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Donald S. Traphagen				
	(1	Name of Contact Per	rson)	
Palm Beach Hounds, Inc.				
	·	(Firm/ Company))	
1711 Clydesdale Drive				
		(Address)		
Loxahatchee, FL 33470				
	((City/ State and Zip C	Code)	
thehorsedoc1@gmail.com				
E-mai	l address: (to be used for	or future annual repo	ort notification	1)
For further information concernit	ig this matter, please ca	ıll:		
Donald S. Traphagen		at	561	758-4555
(Nan	me of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ving amount made paya	able to the Florida D	epartment of	State:
	\$43.75 Filing Fee & C Certificate of Status	3843.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Addre		Str	eet Address	·
Amendment Se Division of Co		Amendment Section Division of Corporations		
P.O. Box 6327			ton Building	/1 WE 13// 157

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	ites or remembers		
Articl	to les of Incorporation		7
And	of		300
Palm Beach Hounds, LLC			26 2 7
(Name of Corporation as curre	ently filed with the Flori	da Dent. of State)	- 35 6 K
N12892		,	
	nber of Corporation (if kn		<u></u>
(Document Nut	liber of Corporation (if kil	OWII)	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For</i>	· Profit Corporation a	dopts the following
A. If amending name, enter the new name of the corpora	ation:		
			The new
name must be distinguishable and contain the word "corpor	ration" or "incorporated	" or the abbreviation	
"Company" or "Co," may not be used in the name.			
B. Enter new principal office address, if applicable:	1711 Clydesdale D	rive	
(Principal office address MUST BE A STREET ADDRESS	S) Loxahatchee FL 3	3470	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1711 Clydesdale E)rive	
	Loxahatchee FL 33	3470	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the	<u>e</u>
Donal	d S. Traphagen		
Name of New Registered Agent:			
1/11 (Clydesdale Drive		
New Registered Office Address:	(Flo	mida street address)	
New <u>Regimerea Office Address</u> . Loxaha	atchea		33470
Loxana		, Florida	a
	(City)	(Zip)	Code)
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent. I am j		the obligations of the	position.
-			
	-X OMO		
	Signdture of New Registe	ered Agent, if changin	ıg

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	Т	Joseph J. Ford	512 SW Camden Ave
Add			Stuart FL 34994
X Remove			
2) Change	D	Genevieve Hoffman	638 Hawthorne Drive
Add			Lake Park FL 33403
Remove			
3) Change	D	Robert Pelio	5205 SW Honey Terrace
Add			Palm City FL 34990
Remove			
4) Change	D	Reve Walsh	PO BOX 700306
Add			Wabasso FL 32970
X Remove			
5) Change	D	John Walsh	PO BOX 700306
Add			Wabasso FL 32970
X Remove			
6) Change	D	Patricia Traphagen	1711 Clydesdale Dr
Add		-	Loxahatchee FL 33470
X Remove			

f amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)			
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			 <u>, </u>	•
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	July 11 2019	
The date of each amendment(, if other than the
date this document was signed.		
	July 11 2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will not e Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or adopted by the board of d	nembers entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
Dated	11/8/19	
Signature	VIIIA)	
have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
Dor	nald S. Traphagen	
_	(Typed or printed name of person signing)	
Dire	ector	
	(Title of person signing)	