## N13000003261

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C. Och Millight

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Suncoast	Service Do	gs, Inc.
DOCUMENT NUMBER: N130000032	261FEI/EIN	
The enclosed Articles of Amendment and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Lorraine d. Clark		
1)	Name of Contact Person	)
Suncoast Service Dogs, I	nc.	
	(Firm/ Company)	
2420 South Columbine A	ve.	
	(Address)	
Homosassa, FL 34448		
()	City/ State and Zip Code	<del>)</del>
suncoastservicedo	gs@gmail.	.com
E-mail address: (to be used for	or future annual report r	notification)
For further information concerning this matter, please ca	all:	
Lorraine D. Clark	<sub>at</sub> 352	634-1148 de & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Depa	rtment of State:
■ \$35 Filing Fee	-	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## **Articles of Amendment Articles of Incorporation**

FILED

13 SEP 23 AM 8: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## Suncoast Service Dogs, Inc.

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

N13000003261FEI/EIN

ovisions of section 617 1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following

(Document Number of Corporation (if known)

amendment(s) to its Articles of Incorporation:	A.   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. 16	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent:	<del></del>
New Registered Office Address:	(Florida street address)
	, Florida
(Cia	ty) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature of No	ew Registered Agent, if changing

Page 1 of 4

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 A Add		Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) X Change	VP	PETERS, JOANN	2217 COLUMBINE AVE.
Add			HOMOSASSA
Remove			FL 34448
2) Change	<u>VP</u>	EMILY ROSE AZADIAN	6403 JAMESVILLE DR. APT C
X			TAMPA
Remove			FL 33617
3) Change			
Add			Market Market Server and Control of Control
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			***************************************
6) Change			
Add			
Remove			

If amending or adding additional attach additional sheets, if necessa	rry). (Be specifi	ic)		
		7		
		P		
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				West, 1
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The date of each amendment(s) ac	loption: 09/20/2013	, if other than the
date this document was signed.	9/20/2014	FILED
Effective date <u>if applicable</u> :	17.01.101	Total Carl
	(no more than 90 days after amendment file date)	13 SEP 23 AM 8: 10
Adoption of Amendment(s)	(CHECK ONE)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast for the	
There are no members or members adopted by the board of direct	bers entitled to vote on the amendment(s). The amendmentors.	t(s) was/were
Dated 9/20/2	2013	
Signature	Man 2012	
(By the chair have not be	man or vice chairman of the board, president or other officen selected, by an incorporator – if in the hands of a receiv appointed fiduciary by that fiduciary)	
Lorraine	D. Clark	
	(Typed or printed name of person signing)	<del></del>
	president	
	(Title of person signing)	