N130000004936

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SEP 6 2016

COVER LETTER

. TO: Amendment Section . Division of Corporations
NAME OF CORPORATION: Chosen 2 Serve, Inc.
DOCUMENT NUMBER: N13000004936
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Alesone Mac Cormack (Name of Contact Person)
Chosen 2 Serve, Inc. (Firm/Company)
15116 Lenway Rd (Address)
Spring Hill, FL 34610 (City/State and Zip Code)
alesone mackagmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alesone MacCormack at (352) L13-5586 (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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassec, FL 32314

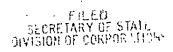
Clifton Building

2661 Executive Center Circle

Tallahassee, Fk 32301/

Articles of Amendment

to
Articles of Incorporation
of



Chosena Serve, Ind	<u> </u>	2016 AUG 22	AH	8: 38
(Name of Corporation as current	ly filed with the Florida Dept. of State)			
N13000004936			_	
(Document Number	r of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation a	idopts the followi	ng	
A. If amending name, enter the new name of the corporation	on;			
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation	"Corp." or "Inc	zw ."	
B. Enter new principal office address, if applicable:	418 NE Crysta	al St		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Crystal River			
•	<u> </u>	3442	_ ပ	
		<u>.) 7 10</u>	_ C	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	418 NE Crystal	<u>st</u>	_	
	Crystal River,	FL_		
		34428		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		<u>e</u>		
Name of New Registered Agent: A le	sone MacCome	ck		
,	le Lenuay Rd			
New Registered Office Address:	(PIOTILLE SPEEL CHAPTESS)			
Spri	(Cin), Florid (Zip	a <u>346] (</u> Code)	7	
New Registered Agent's Signature, if changing Registered of I hereby accept the appointment as registered agent. I am fan		position.		
Alega	Sono MacComa gnature 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove	P	Alesone MacComack	15116 Lenway R Spring Hill FL 34610	d
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Acticle III - The raising and training of Service dogs
to assist disabled indivinals including disabled veterans, disabled
children and other disabled people. Educating the recipient
of the service dog in order to form a cohesive team thus
allowing the disabled person to lead a more independent life.
Educate the public and businesses about Service Dogs.

The date of each amendment(s) adoption:	if other than the
ate this document was signed.	SECRETARY OF STATE
(no more than 90 days after amendment file date)	2016 AUG 22 AH 8: 38
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this occument's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east for the amend was/were sufficient for approval.	ment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/adopted by the board of directors.	were 'were
Dated Aug 17, 2016	
(By the chairman or vice chairman of the board, president or other officer-if did have not been selected, by an incorporator – if in the hands of a receiver, trusto other court appointed fiduciary by that fiduciary)	
Alesone MacCornack (Typed or printed name of person signing)	
Président (Title of nerson signing)	