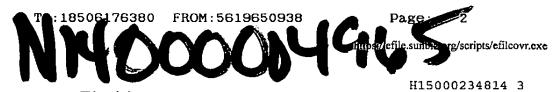
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Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6380

From:

Account Name : LEGACY TAX, INC.

Account Number : I20120000069

: (561)683-3000 : (561)965-0938

QCTS D 2015

C. CARROTHERS

the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN **CANINES4HOPE.ORG INC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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- Fax Transmission

To: 8506176380@NEXTIVAFAX.COM From: Legacy Financial Partners LLC

Fax: 18506176380 Date: 9/30/2015

RE: CACINES4HOPE.ORG, INC **Pages:** 7

Comments:

Please process the attached Articles of Amendment to Articles of Incorporation of CANINES4HOPE.ORG, INC.

Regards, Maria Dominguez

Legacy Financial Partners, LLC 1818 South Australian Avenue, Suite 202 West Palm Beach, FL 33409 Phone: 561-683-3000

Fax: 561-965-0938

Tax and Accounting services offered through Legacy Tax, LLC. and, Insurance services offered through Legacy Advisors, Inc. both of which are subsidiaries of Legacy Financial Partners, LLC.

Tax Advice Disclosure: To ensure compliance with requirements imposed by the IRS under Circular 230, we inform you that any U.S. federal tax advice contained in this communication (including any attachments), unless otherwise specifically stated, was not intended or written to be used, and cannot be used, for the purpose of (1) avoiding penalties under the Internal Revenue Code or (2) promoting, marketing or recommending to another party any matters addressed herein.

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TO: Amendment Section

TO:18506176380 FROM:5619650938

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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: CANINES4HOP	E.ORG, INC.
DOCUMENT NUMBER: N14000004965	5
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
ARNALDO J COUCELO	
(Na	ame of Contact Person)
LEGACY TAX, INC.	
	(Firm/ Company)
1818 S AUSTRALIAN AVENUE, S	SUITE 202
	(Address)
WEST PALM BEACH, FL 33409	
(Cit	ry/ State and Zip Code)
LEGACYTAXCORPS@GMAIL.COM	•
	future annual report notification)
For further information concerning this matter, please call	
ARNALDO J COUCELO	at 561-683-3000
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
(4	43.75 Filing Fee & Certificate of Status Additional copy is melosed) 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

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FROM:5619650938

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Articles of Amendment to Articles of Incorporation of

	ν,	•
	4HOPE.ORG, IN	
(Name of Corporation as curren	tly filed with the F	lorida Dept. of State)
N140	00004965	
(Document Numb	er of Corporation (i	f known)
Pursuant to the provisions of section 617,1006, Florida Statute	es this <i>Florida Not</i>	For Profit Corporation adopts the following
amendment(s) to its Articles of Incorporation:	oo, and 1 to that 1 to 1	Tara
. If amending name, enter the new name of the corporat	ion	年.第
1. 11 Shielding hame, enter the new hame of the corporate	<u> </u>	1
N/A		The new.
name must be distinguishable and contain the word "corpora Company" or "Co." may not be used in the name.	tion" or "incorpora	ted" or the abbreviation "Corp." or "Inc.";
		्र जा () (3
3. Enter new principal office address, if applicable:	N/A	<u>ਂ ਨਾ</u> ਜ਼ਾਜ਼
Principal office address <u>MUST BE A STREET ADDRESS</u>)	三
		7:*
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		
. If amending the registered agent and/or registered offic	ce address in Florid	a, enter the name of the
new registered agent and/or the new registered office a		SHEET SHE MAINE OF SHE
Name of New Registered Agent:	N/A	
Hume of New Registered Agent.		
	N/A	(P) - 11
New Registered Office Address:	!	(Florida street address)
	(City)	, Florida (Zip Code)
	(Cuy)	(Lip Code)
ew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I am fai	miliar with and acce	pt the obligations of the position.
Si	ignature of New Reg	istered Agent, if changing

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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>	Address
1) Change Add X Remove	<u>VP</u>	DEVITO, JASON	
2) Change	VP	DEVITO, MARG	782 SW KEATS AVE
Remove 3) Change Add			·
Remove 4) Change Add			
Remove 5) Change Add Remove			
6) Change			
Remove		Page 2 of 4	<u> </u>

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. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	

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(Typed or printed name of person signing)

(Title of person signing)

TREASURER