N1400000 8989

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

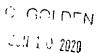
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Healing Hoof Steps (Corporation		100
DOCUMENT NUMBER:	N14000008989			
The enclosed Articles of Am	endment and fee are sub	nitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Narissa JEnkins				
		(Name of Contact Person	n)	
Healing Hoof Steps Corpora	ition			
·		(Firm/ Company)		·
3922 Jace Drive				
· ·		(Address)		-
Crestview, Florida 32539				
		(City/ State and Zip Cod	e)	
narissa@healinghoofsteps.o	rg			
E	-mail address: (to be used	for future annual report	notification	n)
For further information conc	erning this matter, please	call:		
Narissa Jenkins			0-764-1005	
	(Name of Contact Person)	(Ar	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florida Depa	artment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing A			Address	
	Amendment Section Amendment Section Division of Corporations Division of Corporations			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Healing Hoof Steps Corporation

Healing Hoof Steps Corporation		2000 m 21 P
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N14000008989		
(Document N	Number of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	'poration" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	 - •	
		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u></u>	
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	<u>l office address in Florida</u> fice address:	, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.		
		lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registor	ered Agent:	
hereby accept the appointment as registered agent. La	m familiar with and accept	the obligations of the position.
	Signature of New Regist	toral trant 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: XChange X Remove X Add	<u>V</u> <u>Mi</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Stacey L. Glaser	76 Country Club Drive Shalimar, FL 32579
Remove 2) Change Add	<u>P</u>	Michelle Proctor	14 Roserita Place Mary Esther, FL 32569
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
6) Change Add		<u></u>	
E. If amending or add (attach additional sh		Articles, enter change(s) here: y). (Be specific)	

		
	-	
		
		
		
		
	ption: February 6, 2020	, if other than the
date this document was signed.	ry 6,2020	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	pted by the members and the number of votes east for the amendment(s)	

Ħ	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
	Dated 5/18/2020
	Signature (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)
	Michelle Proctor
	(Typed or printed name of person signing)
	President of the Board of Directors
	(Title of person signing)