

N14 000000 8989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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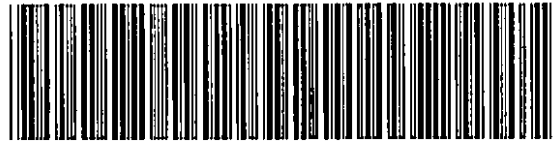
(Business Entity Name)

(Document Number)

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2020 MAY 21 PM 4:27

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JUN 10 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Healing Hoof Steps Corporation

DOCUMENT NUMBER: N14000008989

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Narissa Jenkins

(Name of Contact Person)

Healing Hoof Steps Corporation

(Firm/ Company)

3922 Jace Drive

(Address)

Crestview, Florida 32539

(City/ State and Zip Code)

narissa@healinghoofsteps.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Narissa Jenkins

850-764-1005

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

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

2011 21 PM 4:26

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

N14000008989

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

N/A A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

N/A B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 5/18/2020

Signature

Michelle Proctor

(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)