## Florida Department of State

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Fax Number

: (407)621-4200 : (407)335-4687

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN LION PUP FOUNDATION, INC.

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Corporate Filing Menu

From: Calandrino Law Figm

407 601 4910

08/12/2015 12:24

#145 P.002/006

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPORATI             | Lion Pup Foundation                              | , Inc.   |                           |  |
|-------------------------------|--|--|---------------------------|--|
| DOCUMENT NUMBER:              | N14000010135                                     |  |                           |  |
| The enclosed Articles of Art  | nendment and fee are subn                        | nitted for filing,   |                           |  |
| Please return all correspond  |  | _  |                           |  |
| Phillip K. Moeller            | ~  | _  |                           |  |
| -                             |  | (Name of Contact I   | Person)                   |  |
| Assured Compliance Service    | es, LLC  |  |                           |  |
| <del></del>                   |  | (Firm/ Compar  |                           |  |
| 214 S. Park Ave.              |  |  |                           |  |
|                               |  | (Address)  |                           |  |
| Winter Park, FL 32789         |  |  |                           |  |
|                               | (  | (City/ State and Zip   | Code)                     |  |
| corporations@floridabusine    | sslaw.com  |  |                           | ·  |
|                               | -mail address: (to be used                       | for future annual re   | port notification         | on)  |
| For further information cond  | erning this matter, please o                     | eall:  |                           |  |
| Phillip K. Moeller            |  | 0  | 407<br>t                  | 701-8939   |
|                               | (Name of Contact Person)                         |  | (Area Code)               | (Daytime Telephone Number)   |
| Enclosed is a check for the f | ollowing amount made pay                         | able to the Florida  | Department of             | State:   |
| ■ \$35 Filing Fee             | □\$43.75 Filing Fee & □<br>Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed) | Certi<br>is Certi<br>(Add | 50 Filing Fee<br>ficate of Status<br>fied Copy<br>itional Copy is<br>osed) |

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

FILED

Articles of Amendment 2015 AUS 12 AM 10: 25

Articles of Incorporation STATE ART OF STATE OF STATE

|   | 0.                            | 一些国民上海中             | 1936E                            |
|---|-------------------------------|---------------------|----------------------------------|
| Lion Pup Foundation, Inc.   |                               | <b>(4)</b>          |                                  |
| (Name of Corporation  | n as currently filed w        | th the Florida De   | pt. of State)                    |
| N14000010135  | •                             |                     |                                  |
| (Docu   | ment Number of Corpo          | oration (if known)  |                                  |
| Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:   | orida Statutes, this Flor     | ida Not For Profit  | Corporation adopts the following |
| A. If amending name, enter the new name of th   | e corporation:                |                     |                                  |
| Lion Pup, Inc.  |                               |                     | The nev                          |
| name must be distinguishable and contain the wor<br>"Company" or "Co," may not be used in the nam   | d "corporation" or "ii<br>ne. | acorporated" or the | e abbreviation "Corp." or "Inc." |
| B. <u>Enter new principal office address, if applic</u><br>(Principal office address <u>MUST BE A STREET A</u>  | able:<br>4DDRESS)             |                     |                                  |
| C. Enter new mailing address, if applicable:  |                               |                     |                                  |
| (Mailing address <u>MAY BE A POST OFFICE</u>  | <u>BOX</u> )                  |                     |                                  |
| D. If amending the registered agent and/or reginer registered agent and/or the new registered |                               | in Florida, enter t | he name of the                   |
| Name of New Registered Agent:   | Assured Compliance            | Services, LLC       |                                  |
|   | 214 S. Park Ave. Ste          | . <b>B</b>          |                                  |
| New Registered Office Address   |                               | (Florida stre       | es address)                      |
|   | Winter Park                   |                     | , Florida                        |
|   | (City)                        |                     | (Zip Code)                       |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered ageing  | nt. I am familiar suith       | Mull                |                                  |
|   | Signature of                  | New Registered Ag   | ent, if changing                 |

08/12/2015 12:24

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<br>V<br>SV | John Doe<br>Mike Jones<br>Sally Smith | ·                                     |
|-----------------------------------|---------------|---------------------------------------|---------------------------------------|
| Type of Action<br>(Check One)     | Title         | Name                                  | <u>Addres</u> s                       |
| 1) Change                         |               |                                       |                                       |
| Add                               |               |                                       |                                       |
| Remove                            |               |                                       | <del> </del>                          |
| 2) Change                         |               |                                       |                                       |
| Add                               |               |                                       |                                       |
| Remove                            |               |                                       |                                       |
| 3) Change                         |               |                                       | · · · · · · · · · · · · · · · · · · · |
| Add                               |               |                                       |                                       |
| Remove                            |               |                                       |                                       |
| 4) Change :                       |               |                                       |                                       |
| Add                               |               |                                       |                                       |
| Remove                            |               |                                       |                                       |
| 5) Change                         |               |                                       |                                       |
| Add                               |               |                                       |                                       |
| Remove                            |               |                                       |                                       |
| ර) Change                         |               |                                       |                                       |
| _                                 |               |                                       |                                       |
| Add                               |               |                                       |                                       |
| Remove                            |               |                                       |                                       |

| From:Calandrino Law Firm  | 407 601 4910                             | 08/12/2015 12:24 | #115 P.005/006 |
|---|--|------------------|----------------|
| E. If amending or adding additional Articles (attach additional sheets, if necessary). (B | s, enter change(s) here:<br>le specific) |                  |                |
|   |  |                  | ·              |
|   |  | <u> </u>         |                |
| ***************************************   |  |                  | <del></del>    |
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|   |  |                  |                |

| The date of each amendment(s date this document was signed.         | ) adoption:  | , if other than the |
|---|--|---------------------|
| Effective date if applicable:                                       | (no more than 90 days after amendment file date)   |                     |
| Note: If the date inserted in this document's effective date on the | block 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/wer was/were sufficient for app                | re adopted by the members and the number of votes cast for the amendment(s) roval.   |                     |
| Dated  Signature  (B) the chave no other co                         | hairman of vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)  My Calandrino  (Typed or printed name of person signing)  Secretary / directors  (Title of person signing) | -                   |