

N 1504406 4/235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

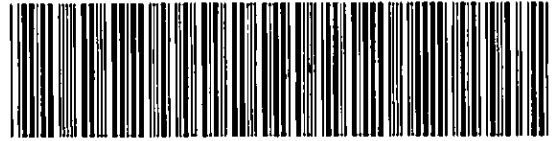
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received faxed corrections on
6/26/18 from D. Johnson.

SS

Office Use Only



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06/01/18--01025--016 **35.00

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JUN 26 2018

FILED
18 JUN 26 PM 3:49
CLERK OF COURT
CLERK OF COURT

A. Mendez
N/C



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2018

DEBBIE JOHNSON
K9'S UNITED, INC.
101 MARKETSIDE AVE SUITE 404-106
PONTE VEDRA, FL 32081 US

SUBJECT: K9'S UNITED, INC.
Ref. Number: N15000004235

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 618A00011681

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: K9's United, Inc.

DOCUMENT NUMBER: N15000004235

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

Please return all correspondence concerning this matter to the following:

Debbie Johnson
(Name of Contact Person)

K9s United
(Firm/ Company)

101 Marketside Ave Suite 404-106
(Address)

Ponte Vedra, FL 32081
(City/ State and Zip Code)

debbie@k9sunited.org
E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Debbie Johnson at 828 329-4201
(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 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 6227
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

K9's United, Inc.

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

N15000004235

(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:

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

K9s United Inc

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.

B. Enter new principal office address, if applicable:(Principal office address MUST BE A STREET ADDRESS)**C. Enter new mailing address, if applicable:**(Mailing address MAY BE A POST OFFICE BOX)**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:

(City)

Florida

(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

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JACKSONVILLE
FLORIDA

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u>	<u>T</u>	<u>Todd Galley</u>	<u>101 Marketside Ave</u>
<u>Add</u>			<u>Suite 404-106</u>
<u>X</u> <u>Remove</u>			<u>Ponte Vedra, FL 32081</u>
2) <u>Change</u>	<u>S</u>	<u>Pam Doremus</u>	<u>101 Marketside Ave</u>
<u>Add</u>			<u>Suite 404-106</u>
<u>X</u> <u>Remove</u>			<u>Ponte Vedra, FL 32081</u>
3) <u>Change</u>	<u>T</u>	<u>Sheila Brown</u>	<u>100 Southpark Blvd</u>
<u>X</u> <u>Add</u>			<u>Suite 410</u>
<u>Remove</u>			<u>St Augustine, FL 32086</u>
4) <u>Change</u>	<u>S</u>	<u>Pheona Kaiser</u>	<u>101 Marketside Ave</u>
<u>X</u> <u>Add</u>			<u>Suite 404-106</u>
<u>Remove</u>			<u>Ponte Vedra, FL 32081</u>
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document'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 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 6/26/2018 _____

Signature Deborah Johnson
(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)

Deborah Johnson

(Typed or printed name of person signing)

President

(Title of person signing)