116000000390

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(Cit	ty/State/Zip/Phone	e #)	
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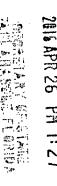


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APR 2 7 2016

C. CARROTHERS



COVER LETTER

TO: Amendment Section
Division of Corporations

Institute For Warriors, Inc NAME OF CORPORATION:
N16000000390 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jaime Hernandez
(Name of Contact Person)
(Firm/ Company)
. 114 Camp K9 Road
(Address)
Ponte Vedra, FL 32081
(City/ State and Zip Code)
Rory@k9sforwarriors.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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:
\$35 Filing Fee S43.75 Filing Fee S6 Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee S6 Certified Copy (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

2116 APR 26 PH 1:27

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florid	la Dept. of State)
Institute For Warriors, Inc		
(Document Nun	iber of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ntion:	
K9s For Warriors Research Institute, Inc		The new
name must be distinguishable and contain the word "corpor	ration" or "incorporated"	
'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		** 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Frincipal office datress MOST BE A STREET ADDRESS	<u>)</u>	Para Just
	-	නිද්
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	•	**************************************
		Jan.
 If amending the registered agent and/or registered office new registered agent and/or the new registered office 		nter the name of the
new registered agent and/or the new registered office	aduress:	
Name of New Registered Agent:		
	(F)	
New Registered Office Address:	(rioi	ida street address)
<u> </u>		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f		be obligations of the position
nervoy accept the appointment as registered agent. I am f	атаа жин ина иссерт п	a conguirona of the position.
	Signature of New Register	red Agent, 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: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sm	nes	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	- 11	_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Articular (attach additional sheets, if necessary).	(Be specific)	
	· · · · ·	
		<u> </u>
•		
		
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The	date of each amendment(s) adopti	on:	, if other than the
late	this document was signed.		
Effe	ctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block doment's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will nent of State's records.	not be listed as the
Ada	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated March 30, 2016		
	Signature	on ce chairman of the board, president or other officer-if directors	<u></u>
	have not been se	should, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	Rory Diamon	nd .	
		(Typed or printed name of person signing)	
	President		
		(Title of person signing)	