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TO: Amendment Section Division of Corporations NAME OF CORPORATION: K-9Line Inc DOCUMENT NUMBER: 1717 \$ 000 000 835 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) Slowe & Kaline, org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at 386-566-7438 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Articles of Amendment to Articles of Incorporation

es of incorpora of

K-9 Line. Inc	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
<u> </u>	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not Fo</i> amendment(s) to its Articles of Incorporation:	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
nIA	The new
name must be distinguishable and contain the word "corporation" or "incorporated "Company" or "Co." may not be used in the name.	d" or the abbreviation "Corp," or "Inc."
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, new registered agent and/or the new registered office address:	enter the name of the C
Name of New Registered Agent: Sharon Low	<u>e</u>
3308 needle f	Calm Onve
New Registered Office Address:	
Edge water (City)	Florida 304 (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.
Sharm fa Signature of New Regis	ocolo tered 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>V</u> <u>Mik</u>	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PS <u>T</u>	ShaonLowe	3308 Needle Palm Or Edigwoder, 17 3214
2, _ Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if necessary). (Be specific)						
NA						

The	e date of each amendment(s) adoption:	if other than the
date	e this document was signed.	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not brument's effective date on the Department of State's records.	e listed as the
Ade	option of Amendment(s) (<u>CHECK ONE</u>)	
Ø	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 10 " 31-19	
	Signature Sharman 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)	
	Sharon Lowe (Typed or printed name of person signing)	
	President/Secretary/Treasurer (Title of person signing)	