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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    IDDY   PERSE   (Name of Contact Person)	NAME OF CORPORATION: SAVE ONL	DURENC SPANIERS, INC
The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  ILDU PELBERE  (Name of Contact Person)  SAVE ON COXENT SPANIES, INC  (Firm/ Company)  192 5W SACEWAY GLEN  (Address)  WHE CITY, FL 32024  (City/ State and Zip Code)  J. del bene hormail		
Please return all correspondence concerning this matter to the following:    Timy   Pribate   (Name of Contact Person)	DOCUMENT NUMBER: <u>1170000 8075</u>	
SAVE ONL COXER SPANIELS, INC (Firm/Company)    192 5W SACERNOW GLEN (Address)    WKE CITY, FL 32024 (City/State and Zip Code)   Jobe bene	The enclosed Articles of Amendment and fee are submitted	ed for filing.
(Name of Contact Person)  SAVE ON COCKER SPANIELS, INC (Firm/ Company)  192 5W SACERNOY GLEN (Address)  LAKE CITY FL 32024 (City/ State and Zip Code)  J. Oel bene And Address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JUDI DEPENSE AL 386 - W1-8335 (Name of Contact Person)  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy is Enclosed)  Mailing Address  Street Address  Street Address	Please return all correspondence concerning this matter to	the following:
SAVE MAL COCKER BPANIELS, INC  (Firm/ Company)  192 5W 3ACERNAM GLEN  (Address)  LAKE CITY, FL 32024  (City/ State and Zip Code)  Jolel bene hot mail  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  386 - 497-8335  (Name of Contact Person)  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$355 Filling Fee \$43.75 Filling Fee & \$43.75 Filling Fee & Certificate of Status  Certificate of Status  Certified Copy  (Additional copy is enclosed)  Mailing Address  Street Address  Street Address	JUDY DELBONE	
192 SW 3KCeWar GLEN (Address)    Larke City FL 32024 (City/ State and Zip Code)   Joel bene hotmail.com   E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:    JUDY DELEGALE (Area Code) (Daytime Telephone Number)   Sate of Contact Person (Area Code) (Daytime Telephone Number)    Sate of Contact Person (Area Code) (Certificate of State) (Additional copy is certified Copy (Additional Copy is Enclosed)    Mailing Address (Address Street Address) (Address Street Address)	(Na	ame of Contact Person)
192 SW 3KCeWar GLEN (Address)    Larke City FL 32024 (City/ State and Zip Code)   Joel bene hotmail.com   E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:    JUDY DELEGALE (Area Code) (Daytime Telephone Number)   Sate of Contact Person (Area Code) (Daytime Telephone Number)    Sate of Contact Person (Area Code) (Certificate of State) (Additional copy is certified Copy (Additional Copy is Enclosed)    Mailing Address (Address Street Address) (Address Street Address)	SAVE ONL COCKER SPAN	MELS. INC
(Address)  LARKE CATH, FL 32024  (City/ State and Zip Code)  Jobe bene And Address: (to be used for future annual report notification)  For further information concerning this matter, please call:    JUDY Detected   Address   Area Code   Area Code   Code		(Firm/ Company)
(Address)  LARKE CATH, FL 32024  (City/ State and Zip Code)  Jobe bene And Address: (to be used for future annual report notification)  For further information concerning this matter, please call:    JUDY Detected   Address   Area Code   Area Code   Code		
City/ State and Zip Code)  J del bene hotmail  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    JSDN DETRICE   At 386   C97-8335     (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:    S35 Filing Fee   S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status   Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)    Mailing Address   Street Address	_ 192 SW SACREWOOD C	<u>elen</u>
Jobbene hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    JUDY DEVELSE		(Address)
Jobbene hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    JUDY DEVELSE	LAKE CITY, FL 32024	
For further information concerning this matter, please call:    Ston   Develope   at   386   697 - 8335     (Name of Contact Person)   (Area Code) (Daytime Telephone Number)	(Ci	ty/ State and Zip Code)
For further information concerning this matter, please call:    Ston   Develope   at   386   697 - 8335     (Name of Contact Person)   (Area Code) (Daytime Telephone Number)	j del bene a hotmail.com E-mail address: (to be used for	future annual report notification)
Street Address   Stre		
(Name of Contact Person)  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{align*} \text{\$\frac{1}{2}} \$\f	For further information concerning this matter, please call	
(Name of Contact Person)  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{align*} \text{\$\frac{1}{2}} \$\f	JUDY DABOLE	at 3860 ~ 1097 - 8335
\$35 Filing Fee  \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & Certificate of Status		
Certificate of Status  (Additional copy is Certified Copy (Additional copy is Certified Copy enclosed)  (Additional Copy is Enclosed)  Mailing Address  Street Address	Enclosed is a check for the following amount made payable	le to the Florida Department of State:
	Certificate of Status C	Certified Copy Certificate of Status Additional copy is Certified Copy Enclosed) (Additional Copy is

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## Articles of Amendment to Articles of Incorporation of

SAVE OUR COCKER SPANIES	5, INC			
(Name of Corporation as curre	ently filed with the Flo	orida Dept. of State)		
N1700000 8075				
(Document Nun	nber of Corporation (if	known)		
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not F</i>	or Profit Corporation a	dopts the	following
A. If amending name, enter the new name of the corpora	ation:			
_ A/A				The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation	"Corp." o	or "inc."
B. Enter new principal office address, if applicable:	4/4		(1)	2
(Principal office address <u>MUST BE A STREET ADDRESS</u>	(2)	-	177	919
	·		<del></del>	- <u></u>
			<u> </u>	<u>.</u>
C. Enter new mailing address, if applicable:			(); ();	AH :
(Mailing address MAY BE A POST OFFICE BOX)	P/A		<u> </u>	<u>``</u>
			F** ·	22
				7
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florida	enter the name of the		
	Address.			
Name of New Registered Agent:	<sup>5</sup> /A			<del></del>
New Registered Office Address:	(l·	lorida street address)		
	N/A			
<del></del>	(City)	, Florida (Zip (	ode)	
N	( 33.57)	(2.4)	(ALC)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	d Agent: amiliar with and accept	the obligations of the p	osition.	
	\/a			
<del></del>	<b>V/ P</b> Signature of New Revis	tered Agent, if changing		
	2 2 3 3 3 5 6 7 7			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 <math>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: XChange X Remove X Add	<u>V</u> <u>M</u>	hn Doc ike Jones Ily Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	_D	BRENDA KELLEYC	128 HILLTOP CIR
Aud Remove			VALDUSTA, GA 31602
2) Change	0	DONNA YOST	414 KIVEKWOODS TRAIL CHULLOTA, FL 32761
Remove 3)ChangeAdd			
Remove			
4) Change Add			
Remove			
Add			
6) Change Add			
Кетоле			

(attach additional sheets, if nece	issary). (Be speci	rfic)			
N/A					<u> </u>
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The date	of each amendment(s) adoption:	, if other than th
date this d	document was signed.	_ <del></del>
Effective	date if applicable:	
	(no more than 90 days after amendment file date)	
Note: If to document	the date inserted in this block does not meet the applicable statutory filing requirements, this date will a seffective date on the Department of State's records.	not be listed as the
Adoption	of Amendment(s) (CHECK ONE	
The a	amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) were sufficient for approval.	
	re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were oted by the board of directors.	
	Dated 8-24-2019	
	Signature Su Marlcham	
	(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)	·
	SUE MARKHAM	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	