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(Requestor's Name)			
			
(Ad	ldress)		
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		-	
J. HORNE APR 2 0 2023			
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		2023	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DOGHOUSE RES	CUE ACADEMY INC	
DOCUMENT NUM			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Carey Kendzior		
		Name of Contact Person	l
	DOGHOUSE RESCUE ACA		
		Firm/ Company	
	DO D-1016	O	Til as
	PO 1017	DY 25-	
	,	Address	
	DS.	ero, FL 3	3929
		City/ State and Zip Code	:
	-4-1-64-14		
	admin@doghouserescueacad		CF -
	E-mail address: (to be us	sed for future annual report	notification)
		•	
For further informati	on concerning this matter, pleas	se call:	1. 15 1.60
		5/0	460 6990
Carey Kendzior		at () 46<u>6=8390</u>.
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
M	ailing Address	Street	Address
Ār	nendment Section	Amend	ment Section
	vision of Corporations		on of Corporations entre of Tallahassee
	D. Box 6327 Hahassee, FL 32314		N. Monroe Street, Suite 810
1 (4	······································	21131	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DOGHOUSE RESCUE ACADEMY INC

	v filed with the Florida Dept. of State)	河)(
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this attaches of Incorporation:	Florida Profit Corporation adopts the following	amendment
A. If amending name, enter the new name of the corporation:	,	71
name must be distinguishable and contain the word "corporation," "Cilnc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation A professional corporation name must contain	The new "Corp.," the word
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)	P6B0x 252	
	PóBox 252 Estera, Fl 33929	_
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent Carcy Kendzior		
PO Box 252		
	reet address)	
New Registered Office Address:		
	(City) (Lip Co	

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = ChiefExecutive 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	PT Johr	<u>1 Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name.	<u>Addres</u> s
1) Change	VP	Maddison Humfleet	PO Box 1012 Alva FL 33920
Add X Remove			
2) Change	<u>S</u>	Marienne Rocha	PO Box 1012 Alva FL 33920
Add X			
AddRemove	1:0		PORO/ 252
4) Change Add	VP	Rebecca Masters	The Blen, Pl
Remove 5)ChangeAdd		Durrell Kendzior	33929 70804252 Estro Fl 33929
Remove Change			5,75.
Add			

•	ticles, enter change(s) here: (Be specific)	
officers to be announced		
		 -
		
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	.:	
		
	•	
	·	
an amandment provides for an evel	hance malessification or concellation of issued thurse	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		
		<u> </u>

09/02/2022	, if other than the
The date of each amendment(s) adoption:date this document was signed.	, it outer than the
Effective date if applicable: 912 D2	
(no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of dir action was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate.	groups. The following statement tely on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient	t for approval
by three votes (voting group)	."
(voting group)	***
09/02/2022 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Signature &	•
(By a director, president or other officer – if dire selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
Civery Fundane (Typed or printed name of pe	
(Typed/or printed name of pe	rson signing)
President	
(Title of person signing)	