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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PAWS 2 HELP INC. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARY L. CONTESSA CPA
(Name of Contact Person) MARY L. CONTESSA CPA PA
(Firm/Company) 13749 49 th St. North (Address) West Palm Beach, FL 33411
(City/ State and Zip Code) MCONTESSA @ DBMS CFA. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at \(\frac{501-906-3236}{\text{(Area Code)}}\) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: S43.75 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status — Certified Copy (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

of

PAWS 2 HELP INC.	
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
N95000004787	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
	The new
	propration" ∂r "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 <u>MUST BE A STREET ADDI</u>	<u>MESS</u>)
	Fv. 2
	= = = = = = = = = = = = = = = = = = =
C. Futan non-malling address if annihables	1169 7 F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	27
	PH []
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	0
 If amending the registered agent and/or registered new registered agent and/or the new registered o 	
Name of New Registered Agent:	MARY L CONTESSA CPA
	13749 4944 St. N. (Florida sirce) addless)
	(Florida street address)
<u>New Registered Office Address:</u>	
$oldsymbol{l}$	Vest Palm Beach Florida 33411
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept the obligations of the position.
	Max
	Signature of New Registered 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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Eve Van Engel (Decensed)	West Palm Black, FL
Add Remove		(Decensed)	West Palm Black, FL 33409
2) Change			
Add Remove			
3) Change			
Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		Page 2 of 4	

attach additional sheets, if necessary).	icles, enter change (Be specific)				
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The date of each amend	• •	11/20/2017	, if other than the
date this document was s	igned.	1. 1	
Effective date if applica		11/6/2017	
	(no more	than 90 days after omendment file date	2)
	in this block does not mee on the Department of State	et the applicable statutory filing requirer e's records.	nents, this date will not be listed as the
Adoption of Amendmen	t(s) (<u>CHECH</u>	K ONE)	
The amendment(s) was/were sufficient	vas/were adopted by the me for approval.	embers and the number of votes cast for	the amendment(s)
There are no member adopted by the boar		ote on the amendment(s). The amendm	tent(s) was/were
Dated _	11/201	11	
Signature _	2 ling of	Disardiner	Din
h	-	irman of the board, president or other of n incorporator – if in the hands of a reco ary by that fiduciary)	
	Elto	n J. Gissendanner Typed or printed name of person signing	<i>DV 1</i> 77_g)
		Vice Proident (Title of person signing)	Director

. . . .