N95000004787

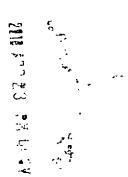
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PAWI_	2 HELP INC.	- •	
. ,		٠	
DOCUMENT NUMBER:	000004787		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Mary L.	(Name of Contact Person)		
	(Name of Contact Person)		
PAu	US 2 HELP INC. (Firm/Company)		
	(Firm/ Company)		
13749	YIL St. North (Address)		
	(Address)	_	
West Pala	m Beach, FL 33411 (City/ State and Zip Code)		
	(City/ State and Zip Code)		
MCONT	TESSAE DEMSCPA. Com		
E-mail address: (10 be use	ed for future annual report notification)	_	
For further information concerning this matter, pleas	se call:		
Mary L Cont	$\frac{1}{\text{essH}} \qquad \text{at} \qquad \frac{567 - 906 - 3236}{\text{(Area Code)}} \qquad \text{(Daytime Telephone Number)}$		
(Name of Contact Perso	on) (Area Code) (Daytime Telephone Number)	_	
Enclosed is a check for the following amount made	payable to the Florida Department of State:		
\$35 Filing Fee Sertificate of Status	Second Se		
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	P.O. Box 6327 Clifton Building		
rananaste, i is significant	BOOT ENCOUTE CHIEF CHEF		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

PAWS 2 HELP INC (Name of Corporation as currently filed with the Florida Dept. of State)

N9300004787
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following

A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flo	orida street address)
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position,
	Signature of New Regist	ered 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>Doe</u> Jones Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Add	r <u>es</u> s
1) Change Add Remove	<u>VP, D</u>	Elton J. Gir	OVM La	029 Placed View Brive W. Placed, FL 33362
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

amending or adding additional Arti ttach additional sheets, if necessary).	(Ве ѕресілс)				
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The date of each amendment(s) adoption:	April 10, 2018	, if other than the
date this document was signed. Effective date if applicable:	Apr. 1 10, 2018	
(no mo	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not n document's effective date on the Department of S	neet the applicable statutory filing requirements, the State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the ame	ndment(s)
☐ There are no members or members entitled to adopted by the board of directors.	to vote on the amendment(s). The amendment(s) w	as/were
Dated4/18/1	<u>·</u>	
Signature M W	4	
· · · · · · · · · · · · · · · · · · ·	chairman of the board, president or other officer-if or an incorporator — if in the hands of a receiver, truluciary by that fiduciary)	
	Mary L Contessa Cf. (Typed or printed name of person signing)	<u>A</u>
	(Typed or printed name of person signing)	
	(Title of person signing)	