## P0300011228

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2018 SEP 24 PH12: \$3

Amend

SEP 2 6 2018

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Police K-9 Services Corp DOCUMENT NUMBER: PO3 000011228 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 11301 5 bivie Hwy # 565401 Miami, FL 33256-7223 City/ State and Zip Code Policek 9 Services @ 9mail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation of

Police K-	9 Services Corp	
	oration as currently filed with the Florida Dept. of St	ate)
P03000	0011228	
	Occument Number of Corporation (if known)	<del></del>
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the	he following amendment(s) to
A. If amending name, enter the new name of th	he corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	word "corporation," "company," or "incorporated" Corp," "Inc," or "Co". A professional corporation nor the abbreviation "P.A."	or the abbreviation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u> )	TILE D
D. If amending the registered agent and/or reg new registered agent and/or the new register	gistered office address in Florida, enter the name of t ered office address:	he 🐷
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Flori	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	g Registered Agent: ent. I am familiar with and accept the obligations of the	e position.
	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.

Mike Jones, V as Remore Example:	ve, and Sa	illy Smith,	SV as an Add.		
X Change	<u>PT</u>	John ID	<u>oe</u>		
X Remove	<u>v</u>	Mike J	ones		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change	YP	<del>_</del>	George	Shapars	11301 5 DIVIE HWY # 56541 Hiami, FC 33256
Remove					
2) Change Add		_	<del></del>		
Remove					
3 ) Change					
Remove					
4) Change					
Add Remove					
5) Change		_			
Add Remove					<del></del>
6) Change					
Add	,				
Remove					<u> </u>

Attach additional sheets, if necessary).	(Be specific)	
	<del></del>	_
	<del></del>	
·-		
		_
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption	on: <u>08/20/18</u>	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file do	
	(no more than 90 days after amendment file do	ate)
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the a nt for approval.	imendment(s)
	by the shareholders through voting groups. The follow voting group entitled to vote separately on the amenda	
	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	by the board of directors without shareholder action an	d shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and sha	areholder
Dated	106/80	
Signature	1-1/	
(By a directo	r, president or other officer - if directors or officers ha	
	an incorporator – if in the hands of a receiver, trustee, of duciary by that fiduciary)	or other court
аррописа по	•	
	Guillermo Salmon	
<del></del> _	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	