P0800079132

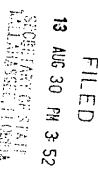
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	MAIT MAIT	1AIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of Status	
Special Instructions to	Filing Officer:	3
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Office Use Only



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What approximately approximate

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: TRAIL	S & TAILS, I	WC.	
DOCUMENT NUMBER: P Ø 8 Ø 4	00079132		
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this matter to the following:			
Louis Odd	10		
Nam	e of Contact Person		
TRAILS & TAI	LS, INC.		
	Firm/ Company	•	
1017 SILVER	PALM WAY		
	Address		
APOLLO BEAC	H FL 33570		
City/	H, FL 33572 State and Zip Code		
Lougole Aol. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Louis Oddo	at (8B) 431-3.	555	
Name of Contact Person	Area Code & Daytime Te		
Enclosed is a check for the following amount mad	le payable to the Florida Depar	tment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301



August 13, 2013

LOUIS ODDO TRAILS & TAILS, INC. 1017 SILVER PALM WAY APOLLO BEACH, FL 33572

SUBJECT: PETS, PAWS, & BEYOND, INC.

Ref. Number: P08000079132

We have received your document for PETS, PAWS, & BEYOND, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 913A00019346

Articles of Amendment

to

Articles of Incorporation

 \cdot of

PETS, PAW, & BEYON (Name of Corporation as currently	W. INC.		
(Name of Corporation as currently	filed with the Florida l	Dept. of State)	
P \$8\$\$\$\$791	32		
	of Corporation (if knowr	n)	
Pursuant to the provisions of section 607.1006, Fl amendment(s) to its Articles of Incorporation:	orida Statutes, this Flor	rida Profit Corporation ad	opts the following
A. If amending name, enter the new name of the	corporation:		
TRAILS & TAILS, I	NC.		The new
name must be distinguishable and contain the	word "corporation," "c	company," or "incorpora	ted" or the
abbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "professi			corporation
B. Enter new principal office address, if applical		<u> </u>	AG T
(Principal office address <u>MUST BE A STREET A</u>	<u> </u>		30 30
		7-12	
	····		္ ယ္
C. Enter new mailing address, if applicable:		g.e. €	52
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u> </u>		
			
D. If amending the registered agent and/or regis	tered office address in l	Florida, enter the name of	f the
new registered agent and/or the new registered			
Name of New Registered Agent:			
New Registered Office Address:	(Florida street add	dress)	
	(* ** *********************************	•	
	(City)	, Florida (Zip Code)	<u></u>
	(Chy)	(Lip Couc)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		d agains the obligations of	the position
i nereoy accept the appointment as registerea agent	i. 1 am jamiliar wiin and	a accept the obligations of t	ne 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)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
The state of the state of the state of			— D
	ding or adding additional Articles, educational sheets, if necessary). (Be a		
F. If an a	mendment provides for an exchange	e, reclassification, or cancell	ation of issued shares,
provisi	ons for implementing the amendment applicable, indicate N/A)		
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s)	adoption: 8/16/2013
	(date of adoption is required) 8/16/20/3
Effective date <u>if applicable</u> : (no	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	ting group)
(vo	ting group)
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder
	,
Dated 8//	11/2013
Signature <u>220</u>	u Oddo
U€Bý a di	irector, president or other officer – if directors or officers have not been
	i, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
·	(Typed or printed name of person signing)
_	CFO / VP (Title of person signing)
	(Title of person signing)