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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	EUREKA PET FOOD, INC.				
DOCUMENT NUMBER:	P10000005373				
The enclosed Articles of Amenda	ment and fee are submitted for filing.				
Please return all correspondence	concerning this matter to the following:				
JENNIFE	R D. PESHKE, ESQ.				
	Name of Contact Person				
LAW OFFICES OF JENNIFER D. PESHKE, P.A.					
Firm/ Company					
4733 N. HWY. ATA, STE. 303					
Address					
VERO BEACH, FL 32963					
City/ State and Zip Code					
JDP@PES	HKELAW.COM				
E-mai	address: (to be used for future annual report notification)				
For further information concernin	g this matter, please call:				
HEATHER J. AUTEN, PARALE	at (772) 231-1233				
Name of Contact F	Person Area Code & Daytime Telephone Number				
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:				
	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Addres Amendment Sec					
Division of Corp					
P.O. Box 6327	Clifton Building				
Tallahassee, FL					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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EUREKA PET FOOD, INC.

Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation: A. If amending name, enter the new name of the	orida Statutes, this F	Corporation (if known		imendment(s) to
its Articles of Incorporation:		lorida Profit Corpora	tion adopts the following a	imendment(s) to
A. If amending name, enter the new name of the				
	e corporation:			
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co	o". A professional c	corporated" or the abbi	he new reviation ntain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 2295 VASHON, WA 98070		
				
D. If amending the registered agent and/or registered agent and/or the new registered	tered office addresed office addrese:	s in Florida, enter th	e name of the	
·-	R D. PESHKE, ESC	Q.		
	IWY, ATA, STE. 30)3		
	(Florida street	address)		
New Registered Office Address: VERO BE	EACH		32963 , Florida	
	(Ci	(ty)	(Zip Code	e)

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.

X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PRES	TRAMMELL W. HOBGOOD	180 FOREST CAY
Add			VERO BEACH, FL 32962
X Remove			
2) Change	P/S	RHONDA L. HOBGOOD	P.O. BOX 2295
X Add			VASHON, WA 98070
Remove			
3) Change	VP/T	JOEL HOBGOOD	P.O. BOX 2295
X Add			VASHON, WA 98070
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
S) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an excha	nge, reclassification, or cancellation of issue	d shares.
covisions for implementing the ameno (if not applicable, indicate N/A)	dment if not contained in the amendment its	<u>elf:</u>
	_	
		-

The date of each amendmen		, if other than the
date this document was signed Effective date <u>if applicable</u> :	SEPTEMBER 15, 2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for 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	(voting group)	
	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	10/19/17 Jennifer O. Pearlise	
Signature	<u> </u>	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that tiduciary)	
	JENNIFER D. PESHKE, ESQ.	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	