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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WAGGY	TAILS GROOMING & BOARD	NG, INC.
DOCUMENT NUMBER: P10000026528	3	
The enclosed Articles of Amendment and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
LISA M MCDANIEL		
	Name of Contact Perso	n
WAGGY TAILS GR	OOMING & BOARDING, INC.	
	Firm/ Company	
6984 CHUMUCKLA	• •	
	Address	
PACE FL 32571		
	City/ State and Zip Cod	le · ·
E-mail address: (For further information concerning this matte	to be used for future annual reporter, please call:	notification)
LISA MCDANIEL	at (<u>***</u>	995-8883
Name of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Dep	artment of State:
\$35 Filing Fee \$43.75 Filing I Certificate of S	Fee & Status Status Status 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 Tallahassee, FL 32314	Amen Divisi Cliftor	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WAGGY TAILS GROOMING & BOARDING, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P100000265	528
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	City) , Florida , (Žip Code)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DS	TINA MARIE CARNLEY	936 S. WALNUT ST
X Add			
Remove			BELLE PLAINE MN 56011
2) X Change	DPT	LISA M MCDANIEL	6984 CHUMUCKLA HWY
Add			
Remove			PACE FL 32571
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	•
f an amendment provides for an exclusions for implementing the amo	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) as date this document was signed.	doption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved 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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 0	10-15	
Signature Signature	10am Canul	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	LISA M MCDANIEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	