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COVER LETTER

TO: Amendment Section. Division of Corporations.

NAME OF CORPOR	RATION:	ED WILS	ON'S	SCH	OOL FO	R DO	GS, INC.
DOCUMENT NUME	BER:			P100	0000568	35	<u></u>
The enclosed Articles	of Amendment	and fee are su	ıbmitte	ed for fil	ing.		
Please return all corres	pondence conc	erning this ma	itter to	the follo	owing:		
	··.			MBROK act Person			•
		Name	oi Com	act i cison	•		
	W	ILLIAM G. P			CPA, P.A.		
		ru	rm/ Cor	npany			
		8517	s us	HWY 1			
			Addre	ess			
		PORT ST	LUC	E, FL 3	4952		
		City/ S	tate and	Zip Code	;		
	E-mail address	NANCY@W a: (to be used for	GPCF	PA.CON	/I ort notificati	on)	
n e 4 . e		• •	11				
For further information	•	•				222	2224
NANCY Name of C	PEMBROKE ontact Person	<u> </u>	_ at (Area Coo	_) de & Daytim	e Teleph	one Number
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Mailing Address Amendment Se Division of Coo P.O. Box 6327 Tallahassee, FL	ction porations		Amer Divis Clifto 2661	n Buildi Executiv	Section orporation		

Articles of Amendment to Articles of Incorporation of



.ED WILSON'S	SCHOOL FOR DOGS,	INC. 2011 OCT 27 PH 4.44
(Name of Corporation as cu	irrently filed with the Florida	Dept. of State) TARY OF STATE
Р	10000056835	Dept. of State) SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document N	Number of Corporation (if know	m)
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		erida Profit Corporation adopts the following
A. If amending name, enter the new nam	e of the corporation:	
WILSON'S S	SCHOOL FOR DOGS, INC	The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/o new registered agent and/or the new re		Florida, enter the name of the
Name of New Registered Agent:	MARIE WILSON	
New Registered Office Address:	(Florida street ad	dress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere	dagent. I am familiar with an	lson
	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>	<u>Name</u>	Address	Type of Action
<u> </u>	EDWARD WILSON	7591 SW 40TH TER PALM CITY, FL 34990	□ Add ☑ Remove
<u> </u>	MARIE WILSON	7591 SW 40TH TER PALM CITY, FL 34990	☑ Add □ Remove
			Add Remove
(attach add	ditional sheets, if necessary). (Be	specific)	
provisio		e, reclassification, or cancellation of ent if not contained in the amendmen	
	·		

The date of each amendmen	t(s) adoption: OCTOBER 21, 2011
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere 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	,,,
-, <u></u>	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_OC	TOBER 21, 2011 Levare Wilson
(By	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	EDWARD WILSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)