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JUL 1 5 2016 C. CARROTHERS

Tallahassee, FL 32314

TO: Amendment Section

COVER LETTER

Division of Corporations LUCKY DOG PRINTING INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ADRIAN MIDDLETON, ESQ. Name of Contact Person MIDDLETON & MIDDLETON, P.A. Firm/ Company 1469 MARKET STREET Address TALLAHASSEE, FL 32312 City/ State and Zip Code ADRIAN@STOPWORKORDER.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADRIAN MIDDLETON, ESQ. Area Code & Daytime Telephone Number Name of Contact Person 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 Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LUCKY DOG PRINTING INC.				
(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)	<u></u> ,	
P12000054392				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation adopts the fol	lowing amendmen	t(s) to
A. If amonding name, enter the new na	me of the corporation:			
			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ation "Corp," "Inc," or	on," "company," or "incorporated" or i "Co". A professional corporation name i "P.A."	the abbreviation must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		1404 HAMLIN AVE.		
		SUITE E		
C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		ST. CLOUD, FL 34771		
		1404 HAMLIN AVB.	~ ~	
		SUITEE	5.3	-
		ST. CLOUD, FL 34771	28	,
D. If amonding the registered agent an new registered agent and/or the new	d/or registered office addre	dress in Florida, enter the name of the	TELETIC	
Name of New Registered Agent	ADRIAN MIDDLETON	I, ESQ.	STATE LORIE	
Mante of their steglesores Sens	1496 MARKET STREE	Τ		
	(Florida s	treet address)		
Now Prointened Office Address	TALLAHASSEE	FL . Florida	FL 32312	
New Registered Office Address:				

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)

Example:

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>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	STEPHANIE MILFELD	1404 HAMLIN AVE.
XAdd			SUITEE
Remove			ST. CLOUD, FL. 34771
2) X Change	P	DON ROGERS	1404 HAMLIN AVE.
Add	<u></u>	 -	SUITEE
Remove			ST. CLOUD, FL. 34771
X Change	VP	GLORIA ROGERS	1404 HAMLIN AVB.
Add			SUITEE
Remove			ST. CLOUD, FL. 34771
4) Change			
Add			
Reflicte			
5) Change			
Add		•	
Remove		•	
6)Change	_ -		
Add			
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary)	ticles, enter change(s) l . (Be specific)	<u>here</u> :		
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		<u></u>		···
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<u> </u>				
f an amendment provides for an exp provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification rendment if not contain	, or cancellation of is ed in the amendment	sued shares, itself:	

07-15-16 11:48 FROM-	-MEMOACT	4075936991	T-219	P0001/0006 F-226
The date of each amendment(s) late this document was signed.	adoption:			if other than the
•	/15/2016			
Effective date <u>if applicable</u> :				
	(no more the	nn 90 days after amendment f	île date)	
Note: If the date inserted in thi locument's effective date on the			irements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were a by the shareholders was/were		The number of votes cast for	the amendment(s)	
The amendment(s) was/were a must be separately provided j				
"The number of votes ca	st for the amendment(s) was/	were sufficient for approval		
by	(voting group)		1	
	(voting group)			
The amendment(s) was/were action was not required.	dopted by the board of direct	ors without shareholder action	on and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators v	without shareholder action an	d shareholder	
7/15/201 Dated	6			
-45				
Signature		Marina Sa (Laurenne Alaurenne Alauren		
ester	inistrionology (ny discretionology) (Pd Hoxamine opiositor safsi (Pd Hoxamine opiositor safsi	sthe hands of a receiver this	(SAOLOIPE COUL	
	DON ROCERS			
	(Typed or print	ed name of person signing)		.,
	PRESIDENT			

(Title of person signing)