P13000060330

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COVER LETTER

Division of Corpo				
NAME OF CORPOR	RATION: Pow-we BER: P130000	0W 1 INC 160330		
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		_		
	LISA J.	SHAREEF		
		Name of Contact Person	1	
	YOW- WOW	1 INC		
		Finn/Company		
	8269 LAKE	WOOD BURNE T	DRIVE EAST 32217	
	<u> </u>	Address		
	JAC KSONVIII	le Florida.	32217	
		City/ State and Zip Cod	e	
	F-mail address: (to be us	sed for future annual report	notification)	
	L man admices. (to be a	ica toi taisic anasai icpoit	notification)	
For further information	n concerning this matter, pleas	se call·		
10.10.10.1				
LISA J.	SHAREEF	at (904	de & Daytime Telephone Number	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	urtment of State:	
	-	, -,		
\$35 Filing Fee	•	□\$43.75 Filing Fee &	_	
	Certificate of Status	Certified Copy	Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy is enclosed)	
			13 carriosco)	
<u>Mai</u>	ling Address	Street	<u>Address</u>	
	endment Section		linent Section	
	sion of Corporations	Division of Corporations		
P.O.	Building			
Tall	ahassee, FL 32314		Executive Center Circle	
		i allah:	assee, FL 32301	

Articles of Amendment to

Articles of Inco	orporation 🚎 👸 🐷
of	
YOW-WOW I INC	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P130000 60 330	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	T
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	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	DRYE EAST
	TACKSONVIlle To 32217
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	8269 LAKE WONDBURNE DRIVE EAST. JACKSONVILLE FL 32217
	DRIVE EAST.
	JACKSON VILLE FL 32217
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre New Registered Office Address: 8269 LAKE Wood 8ve (Cuy)	ret address) JACKSON V. 11 e RNL DR. E., Florida 322/7 (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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)

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	aith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	•	
Add				<u> </u>
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				•
6) 01				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	. (Be specific)			
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			ation of item of a	hares.
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n amendment provides for an ex- ovisions for implementing the am (if not applicable, indicate N/A)	change, reclassifi endment if not c	ontained in the a	nendment itself	
visions for implementing the am	change, reclassifi endment if not c	cation, or cancell ontained in the ar	nendment itself	
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visions for implementing the am	change, reclassifi	cation, or cancell ontained in the ar	nendment itself	

The date of each amendment(s) adoption: 8-9-20/3	, if other than the
date this document was signed.	
date this document was signed. Effective date if applicable: 8-9-2013-	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated8-9-2013	
Signature SIDA (-1. Shaket	
(By a director, president or other officer if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
L'SA J. SHAREEF (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	