# P14000054198

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2014

RUSTON SANDERS 24706 US HWY 331 S SANTA ROSA BEACH, FL 32459 US

SUBJECT: PANHANDLE CANINE SOLUTIONS INC.

Ref. Number: P14000054198

We have received your document for PANHANDLE CANINE SOLUTIONS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 214A00018600

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Panhandle Canir	ne Solutions Inc	
DOCUMENT NUMBER: P14000054	me of Corporation	
The enclosed Articles of Correction and fee		
Please return all correspondence concerning	g this matter to the following:	
Ruston Sanders		
Name of Contact Person		
Ruston Sanders		
24706 US Highway 331	S	
Santa Rosa Beach, FL	32459	
rustonsanders@gmail.c		
E-mail address: (to be used for future annual rep	,	
For further information concerning this mat	• •	
Ruston Sanders	_ at (850 )267-1764  Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amou	nt:	
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address: Amendment Section	Street Address: Amendment Section	

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

### **COVER LETTER**

NAME OF CORPORATION: PANHANDLE CANINE SOLUTIONS INC DOCUMENT NUMBER: P14000054198			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
RUSTON SANDERS			
Name of Contact Person			
RA FOR PANHANDLES CANINE SOLUTIONS INC			
Firm/ Company			
24706 US HIGHWAY 331 S			
Address			
SANTA ROSA BEACH, FL 32459			
City/ State and Zip Code			
rustonsanders@gmail.com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
RUSTON SANDERS 850 267-1764			

TO: Amendment Section

Division of Corporations

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Street Address** Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation

TITLED SHERETARY OF STATE DIVISION OF CORPORATIONS

PANHANDLE CANINE SOLUTIONS INC

14 SEP 30 PM 1: 32

(Name of Corporation as currently filed with the Flo	ride Dent of State)	
P1400054198	iga pept. 01 Blate)	
(Document Number of Corporation (if k	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Articles</i> of Incorporation:	orida Profit Corporation adopts the following amendment	t(s) to
A. If amending name, enter the new name of the corporation:		
	The new	
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 "P.	o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
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	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
. (Florida stree	t address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with signature of New Registered 40	· · · · · · · · · · · · · · · · · · ·	
Signature of New Registered Ag	eni, y 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>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	Р	_	NICHOLAS BO BEARDEN	375 RALEY ROAD
Add				DEFUNIAK SPRINGS, FL
Remove				32433
2) Change	P		NICK BEARDEN	375 RALEY ROAD
Add				DEFUNIAK SPRINGS, FL
Remove				32433
3) Change		<del></del>		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	
	,
<del></del>	
<u>If an amendment provides for an exch</u>	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not applicable, malcule 1971)	

The date of each amendment(s) adoption:	SEARTARY OF STATE SEARTARY OF STATE NEVERTHER OF CORPORATIONS:	, if other than the
date this document was signed.  Effective date if applicable:	14 SEP 30 PM 1: 32	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(	voting group)	
The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareholder	
Dated 9/26/14		
Signature Juha	la Bo Beard	
(By a director, p	resident or other officer - if directors or officers have not been	
	ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
	Nicholas Bo Bearder (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	<del></del>
	(Title of person signing)	