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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 08 2016

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: Lucky	McBARKER'S DOG Supply IN	<u>۔</u>
DOCUMENT NUMBI	ER:		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	ANN B	EALName of Contact Person	
-	Lucky Ma	BARKER'S Day Scopery, Two.	
_	36830 PE	RRY Court	
_	DADE CIT	(, FL 33525 City/ State and Zip Code	
	LuckymcB E-mail address: (to be us	PRKERS O MALL COM- ed for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
ANN Name of	BEAL Contact Person	at (352) 523-2373 Area Code & Daytime Telephone Number	
Enclosed is a check for	he following amount made p	payable to the Florida Department of State:	
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	ng Address Idment Section on of Corporations tox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
4. 1751		Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

FILED

of (Name of Corporation as currently filed with the Florid (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) DADE City, FL 33523 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street 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 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		,	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
ACHIOYC			

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

date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
Dated 3 [12016
Signature	Jun E. Beal
(By a dire	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
	I fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
_	(Title of person signing)
	(Title of person signing)