# P16000077439

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# **COVER LETTER**

Division of Corporations NAME OF CORPORATION: PAWZ PET TAXI APP INC. P16000077439 DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Andrews
Name of Contact Person the Pet Tani App Foxhall Place deannamandrews e amail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 954 ) 551 - 4963 Area Code & Daytime Telephone Number 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 Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

### **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation υf

PAWZ PET TAXI APP II	NC. urrently filed with the Florida Dept. of State)		• •
Di6000077439	mber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the follow	ing amei	ndment(s) to
A. If amending name, enter the new name of the corporati	ion:		
DET TAME THE		The	Manat
name must be distinguishable and contain the word "corporation". "Inc.," or Co.," or the designation "Corp," "Inc.," or "Corporation" or the abbreviation."	Co". A professional corporation name must cont	tion "Co ain the	rp.," word
B. Enter new principal office address, if applicable:		202 207	
(Principal office address MUST BE A STREET ADDRESS)	)	000	 
	From the Control of t	-5	
C. D	97 97 715	- A	Ш
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	_ დ	
	);	09	
			8
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name of the address:		
Name of New Registered Agent		_	
(Flo	orida street address)	<del></del>	
New Registered Office Address:	, Florida		
:	(City) (Zi	p 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

Check if applicable

Same Same Same

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Doe	
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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			4-1
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

Control of the second

The date of each amendment(s) adopted date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing recent of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for approval.	or the amendment(s)
	d by the shareholders through voting groups. The voting group entitled to vote separately on the a	
"The number of votes cast for the	ne amendment(s) was/were sufficient for approve	ıl
by	(voting group)	
•	(voting group)	
Dated 8 16 2	oa i	
	na Cholin	
	or, president or other officer – if directors or officer	are have not been
	an incorporator – if in the hands of a receiver, tri	
	duciary by that fiduciary)	
	OeAnna Andrews (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_C	(Title of person signing)	
	(Title of person signing)	