## P170000 75591

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JODY THE DOG	TRAINER INC	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
1	LISA K PILGRIM CPA		
-		Name of Contact Persor	1
I	LKP GROUP CPAs PLLC		
-		Firm/ Company	<del></del>
2	5150 BELFORT RD BLDG	400	
-		Address .	(
	JACKSONVILLE, FL. 3225	6	
-		City/ State and Zip Code	<u>e</u>
LPILC	iRIM@LKPGROUPCPA.CC	)M	
	**	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:at (	694-4272
Name o	f Contact Person	at { Area Co	) de & Daytime Telephone Sumber
	the following amount made		•
■ \$35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O	ing Address adment Section tion of Corporations Box 6327 hassee, F1, 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## JODY THE DOG TRAINER INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000075591	
(Document Number	of Corporation (il'known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
HANCOCK MDC INC.	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
·	NA
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
(Stating dates) SECT BE A POST OF PICE BOX	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
	<u>33.</u>
Name of New Registered Agent (S/A	
(Florida s	street address)
New Registered Office Address: NA	, Florida
Mis Mignerea Office Maares.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
NA St. A Ch.	D. C. L. J. J. C. L.
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 tale, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PSF 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	Juhn 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	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
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)	
NA	
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)	
N. 1	
NA	

an in the second of the second	NA adoption: , if other than the
The date of each amendment(s) date this document was signed.	adoption:, if other than the
0.	7/10/2019
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes co	ast for the amendment(s) was/were sufficient for approval
bv	
	(voting group)
action was not required.  □ The amendment(s) was/were a	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	
07/24/20 Dated	19
Signature	Joann K Valery
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that tiduciary)
	JOCELYN K. HANCOCK
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)