## P18000090588

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KennelXpress		
DOCUMENT NUME	BER: P18000090588		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Marika S. Olsson		
		Name of Contact Person	1
	KennelXpress Corporation		
		Firm/ Company	
	17633 Gunn Highway, Suite	#106	
		Address	
	Odessa, FL 33556		
		City/ State and Zip Cod	c
mica(	@micaolsson.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Nelson Zambito		at ( 813	968-0083
Name (	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing 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)
Mailing Address			Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
	. Box 6327	Clifton Building	
Tallahassee, FL 32314		2661 E	xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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	2018 NOV	, ' ( ,	50
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<u>te</u> )	1.07		06

KennelXpress Corporation

P18000090588	ly filed with the Florida Dept. of State)
	7.3
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
N/A	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	17633 Gunn Highway
(Principal office address MUST BE A STREET ADDRESS)	Odessa, FL 33556
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17633 Gunn Highway
	Odessa, FL 33556
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Marika S. Otsson	<u>Σ.</u>
Name of New Registered Agent	
17633 Gunn Highway	
(Florida str	reet address)
	33556
New Registered Office Address:	, Florida 55550

## 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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>\$Y</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	Sec	Ramon A. Mestre	2250 SW 131st Place
Add			Miami, FL 33175
X Remove			· · · · · · · · · · · · · · · · · · ·
2) Change	Sec	Marika S. Olsson	17633 Gunn Highway
X Add			Suite #106
Remove			<u>0dessa F133551</u>
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			- <del></del>
Remove			
ര Change		N/A	
Add			<del></del>
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<del></del>
F 16	and the second and th
prov	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
	if not applicable, indicate N/A)
N/A	
	<del> </del>
	<del> </del>

The date of each amendment(s) ad	option:, if other than the
date this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
. The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) Ticient for approval.
	roved by the shareholders through voting groups. The following statement 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
Shareholders by	<u></u>
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
November Dated	5, 2018
Signature R	m Mes h
(By a di selected	rector, president or other officer – if directors or officers have not been to be an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Ramon A. Mestre
	(Typed or printed name of person signing)
	Incorporator & Secretary
	(Title of person signing)