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| (Rec                      | questor's Name)  | <del></del> |
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| (Add                      | lress)           |             |
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| (City                     | /State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nar | ne)         |
| (Doc                      | cument Number)   |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | Filing Officer:  |             |
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1/12/2

## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations   |  |
|--|--|
| NAME OF CORPORATION: BOCK CITY DOGS TOCO   |  |
| The enclosed Articles of Amendment and the are submitted for filing.   |  |
| Please return all correspondence concerning this matter to the following:  |  |
| DiANA PERKINS  Name of Contact Person  ROCK City Dogs Inc.  Firm/ Company  (DD Surfview dr. apt. 6002  Address  Palm Coast, Florida 321:  City/ State and Zip Code  E-mail address: (to be used for future annual report notification) |  |
| For further information concerning this matter, please call:   |  |
| Name of Contact Person at (34) 778-4660  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:   |  |
| S35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)   |  |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations  |  |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation

of

| Kock City D   | 1055 The City (fled with the Florida Dept. of State    |                     |                 |
|---|--|---------------------|-----------------|
| P 2 00 00 0 655 10<br>(Document Number of   |  | ·                   | <u> </u>        |
| (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 f                | ollowing an         | nendment(s) to  |
| A. If amending name, enter the new name of the corporation:   |  |                     |                 |
| name must be distinguishable and contain the word "corporation,"  | lagon Inc.   | The                 | e new<br>Corn " |
| "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.      | A professional corporation name must                   | contain th          | e word          |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)                           | NA   |                     |                 |
|   |  |                     | <u></u>         |
|   |  | 36 F                | <u> </u>        |
| C. Enter new mailing address, if applicable:  | 11/10  |                     |                 |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | <del>- [A</del> R - | 1               |
|   |  | <u> </u>            |                 |
|   |  |                     | 22              |
| D. If amending the registered agent and/or registered office add  | fress in Florida, enter the name of the                | :-'A                | ည               |
| new registered agent and/or the new registered office addres  |  |                     |                 |
| Name of New Registered Agent  | NA   |                     |                 |
|   |  |                     |                 |
| tFlorida st   | (reet address)   |                     |                 |
| New Registered Office Address:  | // Florida_  | (Zip Code.          |                 |
|   | re ny  | тир Соае.           | ,               |
|   |  |                     |                 |
| New Registered Agent's Signature, if changing Registered Agen<br>I hereby accept the appointment as registered agent. I am familiar | <u>t:</u><br>with and accept the obligations of the po | osition.            |                 |
|   |  |                     |                 |
|   | N A Registered Agent, if changing                      |                     |                 |
| Signature of New I  | Registered Agent, if changing                          | <del></del> _       |                 |
|   |  |                     |                 |

Check if applicable

☐ 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.

|   | e, ana sa    | lly Smith, SV as an Add. |         |
|---|--------------|--------------------------|---------|
| Example:<br>X Change                    | <u>PT</u>    | John Doe                 |         |
| X Remove                                | <u>v</u>     | Mike Jones               |         |
| X Add                                   | <u>sv</u>    | Sally Smith              |         |
| Type of Action<br>(Check One)           | <u>Title</u> | Name                     | Address |
| 1) ———————————————————————————————————— |              |                          |         |
| Add temove  2) Change                   |              | NA                       | MA      |
| Add Remove 3) Change                    |              |                          |         |
| Add Remove  4) Change                   |              |                          |         |
| Add Remove  5) Clauge Add               |              |                          |         |
| Remove 6) Change Add Remove             |              |                          |         |

| •  | -                              | necessary).                           | (Be specific)         |              |               | _              |                                       |
|--|--------------------------------|---------------------------------------|-----------------------|--------------|---------------|----------------|---------------------------------------|
| 1)0  | MF                             | Char<br>Enc.                          | \ <b>&lt;</b> 0       | 1-0-0        | m = 4         | 20cK           | City                                  |
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| Do   | 5-5                            |                                       |                       |              |               |                | weev                                  |
| 1)0-6  | (an-                           | Inc                                   | e                     |              |               |                | <u>.</u>                              |
| <i>V</i> – (                                       | )                              |                                       |                       |              |               |                |                                       |
|  |                                |                                       |                       |              |               |                | · · · · · · · · · · · · · · · · · · · |
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|  |                                |                                       |                       |              |               |                |                                       |
| F. <u>If an amendr</u>                             | nent provide                   | s for an excha                        | nge, reclassifi       | cation, or c | ancellation o | issued share   | <u>28.</u>                            |
|  | or implement<br>pplicable, ind | ting the amend                        | <u>dment if not c</u> | ontained in  | the amendm    | ent itself:    |                                       |
| (3) 11.11 24                                       | 7                              |                                       |                       |              |               |                |                                       |
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|  |                                |                                       |                       |              |               |                |                                       |

| The date of each amendment(s) adoption:   | 16-2-21   | if other than the                                      |
|---|---|--|
| date this document was signed.  |   | If other than the                                      |
| Effective date if applicable: (no   | more than 90 days after ame   | ndment file date)                                      |
| Note: If the date inserted in this block does not me document's effective date on the Department of State |   | ling requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK   | <u>CONE</u> )   |  |
| The amendment(s) was/were adopted by the incoraction was not required.                                    | rporators, or board of director   | s without shareholder action and shareholder           |
| ☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro        |   | s cast for the amendment(s)                            |
| ☐ The amendment(s) was/were approved by the sha<br>must be separately provided for each voting grou       |   |  |
| "The number of votes cast for the amendme   | ent(s) was/were sufficient for  | approval   |
| by  |   | ·  |
| (voting g   | roup)   |  |
|   | or other officer – if directors ator – it in the hands of a rece hat fiduciary) | or officers have not been                              |
| (Type   | iAnA DeRk<br>ed or printed name of person s                                     | igning)  |
| (Title  | of person signing)  | line.  |