## 753518

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Humane Socie	ty of St. Lucie County,	Inc.			
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee ar	re submitted for filing.				
Please return all correspondence concerning this	s matter to the followin	g:			
Shannon Martin					
	(Name of Contact	ct Person)			
Humane Society of St. Lucie County, Inc.					
	(Firm/ Com	pany)			
8890 NW Glades Cut-off Road					
	(Addres	s)			
Port St. Lucie, FL 34986					
	(City/ State and	Zip Code)			
	e used for future annua	I report not	ification	1)	•
For further information concerning this matter, p	please call:				
Shannon Martin		772 _ at		418-9022	
(Name of Contact P	Person)		Code)	(Daytime Telephone Number	)
Enclosed is a check for the following amount m	ade payable to the Flor	ida Departi	nent of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		,	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ad Amendme Division of The Cent	ent Secti of Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Humane Society of St. Lucie County, Inc.

(Name of Corporation as currently filed with the Florida	a Dept. of State)
753518	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	cation:
name must be distinguishable and contain the word "corpo	The new
"Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	
(Frincipal Office address MOST DE ASTREET ADDRES	Time contraction for the
	PH PH
C. Enter new mailing address, if applicable:	2:50
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<del> </del>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the eaddress:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	Monida
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
<del></del>	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 X Remove X Add	PT John De V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	Name	Address
1) Change × Add	PD	Dan Wire	8890 NW Glades Cut-Off Road Port St. Lucie, FL 34986
Remove 2) Change Add	VD	Shannon Martin	8890 NW Glades Cut-Off Road Port St. Lucie, FL 34986
Remove 3) × Change Add Remove	SD	Cindy Riesgo	8890 NW Glades Cut-Off Road Port St. Lucie, FL 34986
4) × Change Add	<u>D</u>	Melissa McInturff	8890 NW Glades Cut-Off Road Port St. Lucie, FL 34986
Remove  5) Change     Add	D	Adrian Ocampo	8890 NW Glades Cut-Off Road Port St. Lucie, FL 34986
Remove 6) Change Add		<del></del>	
E. If amending or addin (attach additional shee		Page 2 of 4 cles, enter change(s) here: (Be specific)	
			<u></u>
	<del></del> :		

<del></del>	
Page 3 of 4	
The date of each amendment(s) adoption: 2/20/2020	We at a state of
uate this document was signed.	, if other than the
Effective date if applicable: 2/20/2020  (no more than 90 days after amendment file	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or n adopted by the board of di		nendmen	t(s). The amendment(s) was/were
Dated		<del></del>	
Signature			
have no		or — if in t	esident or other officer-if directors the hands of a receiver, trustee, or
	DANG. WIRE	=	
	(Typed or prir	ted name	e of person signing)
S	Dan & Wi	t e	7

(Title of person signing)