# N0800006811

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SECRETARY OF STATE
TALLAHASSEE, FLORID

Anend C.COULLIETTE JUL 27 2009

**EXAMINER** 

TO: Amendment Section **Division of Corporations** 

NAME OF CORPOR	RATION: WINGS OF S	HELTER INT'L, INC.	
DOCUMENT NUME	BER: N08000006811		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
		Y C. SENITZ	
	(Name of	f Contact Person)	
	WINGS OF S	HELTER INT'L, INC.	
	(Firm	n/Company)	
	21301 S. TAMIAMI	TRAIL STE:320, PMB: 335	
	(	Address)	
	FOTE	20.51.00000	
		RO, FL 33928 tte and Zip Code)	
	(City) Bu	ne and Zip Code)	
<del></del>		IELTER@AOL.COM od for future annual report notific	ation)
For further information	n concerning this matter, pleas	e call:	
SALLY C. SENITZ	,	at ( 239 ) 340 298	.0
	of Contact Person)	at (239) 340 298 (Area Code & Daytii	me Telephone Number)
Enclosed is a check fo	r the following amount made j	payable to the Florida Departmen	t of State:
<b>☑</b> \$35 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)
	g Address Iment Section	Street Address Amendment Section	,
Divisio	on of Corporations	Division of Corporation	ons
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cente	r Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

# WINGS OF SHELTER INT'L, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

N0800	00006811	
(Document Number	er of Corporation (if known)	<u></u> .
Pursuant to the provisions of section 617,1006, Fl the following amendment(s) to its Articles of Inco		r Profit Corporation adopts
A. If amending name, enter the new name of the	he corporation:	
The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "		
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent:	gistered office address in Florida,	SECRETARY OF STATE And of the enter the name of the
New Registered Office Address:	(Florida street address)	
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.	Registered Agent:	, ,
Sia	nature of New Registered Agent if.	chanaina

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
D	DR. PETER SCHKLAIR,M.D	34 UTICA STREET	☑ Add
		CLINTON, NY 13323	☐ Remove
		CLIN TOW, NT 13323	L Remove
D	DR. LARRY PYLE	2204 CDOW MOUNTAIN DOAD	[7] A.J.J
<u> </u>		3384 CROW MOUNTAIN ROAD	☐ Remove
		RUSSELLVILLE, AR 73802	□ Kemove
D	GEORGIANN PYLE	3384 CROW MOUNTAIN ROAD	[Z] A.4.4
	GEORGIANT TEE	RUSSELLVILLE, AR 73802	☐ Remove
		RUSSELLVILLE, AR 73802	LI Remove
	ding or adding additional Articles, enter		
(attach d	additional sheets, if necessary). (Be speci	ific)	
NA			·
			<del></del>
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			<del></del> -
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			·····

### WINGS OF SHELTER INT'L INC. N08000006811

## **CHANGE OF ADDRESS ONLY:**

FIRST NAME / ADDRESS	LAST NAME	POSITION / PH #	SALARIED
Sally	Stephenson	Board of Directors	No
2109 Lamprey Circle		940-898-0161	Email:
Denton, TX 76210			sallystephenson@yahoo.com
FIRST NAME / ADDRESS	LAST NAME	POSITION / PH #	SALARIED
Doug	Stephenson	Board of Directors	No
2109 Lamprey Circle		940-898-0161	Email:
Denton, TX 76120			sallystephenson@yahoo.com

The date of each amendment(s)	adoption: 6/25/2009
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated_6/25/20	09
Signature	chairman or vice chairman of the board, president or other officer-if directors
have no	ot been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	Sally C. Senitz
_	(Typed or printed name of person signing)
_	VICE PRESIDENT
	(Title of person signing)

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