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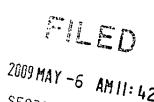
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Friends of Jacksonville AC&C, Inc.					
DOCUMENT NUMB	ER: N08000009030				
The enclosed Articles of	of Amendment and fee are subm	nitted for	filing.		
Please return all corres	pondence concerning this matte	r to the f	ollowing:		
	Margaret M				
	(Name of C	Contact Po	erson)		
	(Firm/	Сотрапу	y)		
	1814 Pc		ace		
	(Ac	ddress)			
<u></u>	Jacksonvi	lle, FL 3	32205) ·	···
	(City/ State	and Zip	Code)	155 i	
 	E-mail address: (to be used	for future	e annual rej	oort notificatio	n)
For further information	concerning this matter, please	call:			
Margaret M. Yarbo	rough	at (904	388-2509	
(Name o	f Contact Person)		(Area Coo	le & Daytime	Telephone Number)
Enclosed is a check for	the following amount made page	yable to t	he Florida	Department of	State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	3.75 Filing lied Copy tional copy sed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Street Ad		is enclosed)
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Taliahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Friends of Jacks	onville AC	C&C, Inc. SECRE	**************************************
(Name of Corporation as current)	ly filed with t	he Florida Dept. of	STATE PLATE
	0009030		LIFLURIDA
(Document Number		on (if known)	
tursuant to the provisions of section 617.1006, Flone following amendment(s) to its Articles of Incor		this <i>Florida Not Fo</i>	r Profit Corporation ad
a. If amending name, enter the new name of the	e corporatio	n <u>:</u>	
Friends of Jacks	sonville Ani	mals, Inc.	
he new name must be distinguishable and conta bbreviation "Corp." or "Inc." <u>"Company" or "</u>			
B. Enter new principal office address, if applica	able:	2020 Forest Stre	eet
Principal office address <u>MUST BE A STREET A</u>		Jacksonville, FL	32204
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	same as above	
D. If amending the registered agent and/or registered registered agent and/or the new registered Name of New Registered Agent:			enter the name of the
New Registered Office Address:	(Floria	da street address)	
			, Florida
		(City)	(Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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
<u>VP</u>	Sherri Audette	1257 Gum Leaf Road Jacksonville, FL 32226	☑ Add □ Remove
<u>D</u>	Clark LaBlond	1833 Powell Place Jacksonville, FL 32205	☑ Add □ Remove
	ling or adding additional Articles, dditional sheets, if necessary). (Be		
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			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

The date of each amendmen	t(s) adoption: May 4, 2009
. Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated May	<u>/ 4, 2009</u>
Signature	Mares m Mulound
(By	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Margaret M. Yarborough
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)