MIDDDDDDDUID

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
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02/02/17--01008--010 **35.00



Amend

FEB - 6 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations Angelia Cat Rescue INC N11000000610 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LICO CAT RESCUE INC.
(Firm/Company) tammy Row estico cost Rescue, com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ACY 461-400 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigsup \$43.75 Filing Fee & \$\Bigsup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

<u> </u>	- Rescue		e of State		
(Name of Corporation as c		the Florida Dep	ic of State)		
N1\0000	ンしいり Number of Corpora	tion (if known)	-		
(Document	Number of Corpora	non (n known)			
Pursuant to the provisions of section 617.1006, Florida 5 amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florid</i>	a Not For Profit	Corporation adopts	the following	
A. If amending name, enter the new name of the cor	poration:				
				The new	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "ince	orporated" or the	e abbreviation "Corp	o." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	RESS)				
				29	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	.,				$\frac{r_1}{r_1}$
(Matting data ess MAT DE ATOST OFFICE DOA				in to	1
					ITT
				<u> </u>	リ
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	d office address in	Florida, ente <u>r tl</u>	he name of the	30	
Name of New Registered Agent:	Nicole +	LOSSAMOTH		_	
. tune of the stage of the stag	3630	NW a	1st liene	Suhrise	R.
New Registered Office Address:		(Florida stre	et address)		33351
			, Florida		
	(City)		, Florida (Zip Code)		
New Registered Agent's Signature, if changing Regis					
I hereby accept the appointment as registered agent. I	am familiar with ar	d-accept the obli	igations of the position	on.	
	Signature of N	ew Registered Ag	ent, 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		Doe Jones Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>S</u> _	SAMMY CUSEY	1221 NW SOTH ST Lawlething PC 33319
Remove			
2)Change	5	Nicole Thompson	3630 NW91st lane Survive FL 33351
Add Remove			Survive PC 3333/
3)Change			
Add			
Remove			
4) Change			
Add Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional shee	ng additional Article ets, if necessary). (i	Be specific)	<u>-1-7 1-1-2</u> .				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	ent(s)
here are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors.	ere
Dated 01. 29.17	
Signature TMM	
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	