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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANGELICO C	AT RESWE, ANC.			
11:000-001				
DOCUMENT NUMBER: N 1100000 L 10				
The enclosed Articles of Amendment and fee are submitted for fi	ling.			
Please return all correspondence concerning this matter to the foll	lowing:			
TAMMY BOTELNIAK (Name of C				
(Name of C	Contact Person)			
Angelico CAT Rescue	INC.			
(Firm/	Company)			
1451 NW 34th ST.				
(A	ddress)			
Landerhill FC 33319 (City/State				
(City/ State	and Zip Code)			
tammy brzezniak Octinet. E-mail address: (to be used for future a				
E-mail address: (to be used for future a	annual report notification)			
For further information concerning this matter, please call:				
TAMMY BrZOZNIAK	at ASY HEI-HOOI (Area Code) (Daytime Telephone Number)			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the	e Florida Department of State:			
\$35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status Certified (Additional encloses	al Copy Certificate of Status nal copy is Certified Copy			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Angelico Cat Res	ve <u>Inc</u>		
í	rrently filed with the Florid	da Dept, of State)	
/ N 110000001			
(Document N	Tumber of Corporation (if known	own)	
tursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the	ollowing
. If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp." o	r "Inc."
3. Enter new principal office address, if applicable:	ree .	<u> </u>	
Principal office address <u>MUST BE A STREET ADDR</u>	<u></u>		
		W	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u></u>	<u>.</u> .
			<u>~</u> 00
			· z
). If amending the registered agent and/or registered	office address in Florida, o	enter the name of the	መ [*]
new registered agent and/or the new registered of	fice address:	:	
Name of New Registered Agent:			<u> </u>
		4	
	(Flo	rida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
lew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It		he obligations of the position.	
	Signature of New Registe	red 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DT	GERASIMCHIK KOVEN AND	<u> </u>
Remove 2) ChangeAdd	DT	Meyers, Ilene	Plantation; FL 33321 1714 FORDHAM RD WILMIDISTON, NC
Remove 3) Change Add			28403
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

. If amending or adding additional sheets, if nec	essary). (Be s _i	pecific)					
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 will document's effective date on the Department of State's records.	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(s) was/were sufficient for approval.	
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated OI-OI-18	
Signature	_
(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
TMMY BREZNIAK (Typed or printed name of person signing)	
President	
(Title of person signing)	