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COVER LETTER

TO: Amendment Section Division of Corporations

, NAME OF CORPORATION: _	Гатра Bay House Ra	bbit Rescue Inc.		
N140 DOCUMENT NUMBER:	00000111			
The enclosed Articles of Amendn	eent and fee are subm	itted for filing		
-		_		
Please return all correspondence of	oncerning this matter	to the following:		
Stefanie M. Faber				
	(Name of Contact Pe	erson)	
Tampa Bay House Rabbit Rescue	Inc.			
		(Firm/ Company	·)	
10107 Deepbrook Dr.				
		(Address)		
Riverview, FL 33569-5752				
	(City/ State and Zip	Code)	
info@tbhrr.org				
E-mail	address: (to be used	for future annual rep	ort notification	1)
For further information concerning	g this matter, please c	all:		
Stefanie Faber		at	813	610-7169
(Nam	e of Contact Person)	w		(Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made pay	able to the Florida [Department of S	State:
	43.75 Filing Fee & C ertificate of Status		Certifi s Certifi	0 Filing Fee icate of Status ied Copy is tional Copy is osed)
Mailing Addre			eet Address	
Amendment Sec Division of Cor			nendment Secti	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tampa Bay House Rabbit Rescue Inc.

(Name of Corporation	as current	y filed with the Flo	rida Dept. of State)		
N14000000111				10	
(Docum	ent Numbe	r of Corporation (if I	known)		
Pursuant to the provisions of section 617.1006, Floriamendment(s) to its Articles of Incorporation:	ida Statutes	, this <i>Florida Not F</i>	or Profit Corporation adopts the fo	llowin	
A. If amending name, enter the new name of the	corporatio	n:	T	he nou	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incorporate	d" or the abbreviation "Corp." or	"Inc."	
B. Enter new principal office address, if applicable:		10107 Deepbrook D	r.		
(Principal office address <u>MUST BE A STREET Al</u>	DD D CCC				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>	10107 Deepbrook E)r.		
		Riverview, FL 3356	9-5752		
D. If amending the registered agent and/or registered agent and/or the new registered			, enter the name of the		
	Stefanie M				
Name of New Registered Agent:		pbrook Dr.			
			lorida street address)		
<u>New Registered Office Address:</u>					
	Riverview		, Florida	52	
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			t the obligations of the position.		
_	XICE	nature of New Regi.	stered Agent, if changing		

Page 1 of 4

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	<u>V</u> <u>M</u>	hn Doe ike Jones Illy Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PS	Amber E. Behanna	12932 Fairgreen Rd.
Add			Dover, FL 33527
X Remove			
2) X Change	P	Stefanie M. Faber	10107 Deepbrook Dr.
Add			Riverview, FL 33569
Remove			
3) Change	VP	Sünje Schwarz	3222 Masonville Loop
XAdd			Holiday, FL 34691
Remove			.
4) Change	T	Jack Burke	1550 Terrell Mill Rd. Apt. 9A
X Add			Marietta, GA 30067
Remove			
5) X Change	<u>s</u>	Christine Hight	15447 Greenwood Ave.
Add			Port Charlotte, FL 33981
Remove			
6) Change	D	Allison Turbee	6605 14th St. N.
Add			St. Petersburg, FL 33702
X Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets. if necessary). (Be specific)			
N/A			

	e date of each amend this document was s		_, if other than the
	ective date <u>if applica</u>	08/01/2015	•
		(no more than 90 days after amendment file date)	
		d in this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records.	be listed as the
Ado	option of Amendme	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no memb adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.	
	Dated	08/06/2015	
	Signature _	Stefanie M. Jaker	_
		By the chairman or 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)	
		Stefanie M. Faber	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	