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SEGRETARY OF STATE DIVISION OF CORPORATIONS

JUN - 7 2017

D CUSHING

TO: Amendment Section Division of Corporations Rescue and Sanctuary OF NAME OF CORPORATION The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: anctuan of South Florida Inc (City/ State and Zip Code) For further information concerning this matter, please call: (Daytime Telephone Number) (Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & B\$43.75 Filing Fee & Certificate of Status

Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

**Mailing Address** 

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

Street Address

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

## Articles of Amendment to Articles of Incorporation

Sickie's Parrot Roscu	u and Sumplay of South	n Flunda,
NITOMOSSO	s currently filed with the Florida Dept of State)	
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florid mendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For Profit Corporation adopts th	e following
a. If amending name, enter the new name of the c	orporation;	
MA		The new
ame must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	'corporation" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD	e: DRESS )	
metrus oggice manifesto <u>meet ses not need p</u>		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Q.V.)	
(Mailing address MAY BE A POST OFFICE BC	),	
		1
		<del></del>
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>	ered office address in Florida, enter the name of the	
Name of New Registered Agent:	DIA	•
	(Florida street address)	<del></del>
	, Florida	
<del>-</del>	(City) (Zip Code)	
ew Registered Agent's Signature, if changing Re	gistered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	9.V.C
	·	7 5 98
	Signature of New Registered Agent, if changing	2 257
	Page 1 of 4	FD OF ST DR-20RA PM 2:
		TATE PATIC

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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Dir.	matthew Rendon	gras 1915 NUS+ghwy 1 Fort-Pigeol, FL 34946
2) Change	Dir	Allen Yee	8940 NW53rdSt. Suncise, FL 33361
Remove 3) Change Add	<u>νρ</u> _	Crystal Worg-Ku	on 8153 Sevem Dr. Apt. 1 Boro Ration, FL 3343
Remove 4) X Change Add Remove	P,T,S	Sarah Edwards	8189 Thames Blvd. Apt. 1 Bora Ration, FL 33433
5) Change Add Remove			
6) Change Add Remove			

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

The date of each amendment(s) adopt	ion:	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt was/were sufficient for approval.	red by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated <u>5 26 </u>	<u>N</u>	
Signature Suu	er C'Edward	_
have not been s	n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
San	ah C Edwards	
	(Typed or printed name of person signing)	
Pro	sident	
	(Title of person signing)	