

150001055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

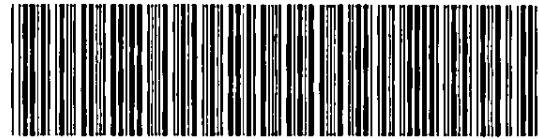
(Business Entity Name)

(Document Number)

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12/20/18--01012--006 ♦♦43.75

*Amd*

R WHITE  
FEB 13 2019

**FILED**  
2019 FEB-13 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Tweeters Retreat Animal Sanctuary  
DOCUMENT NUMBER: N18000010755 Ink.

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Brown  
Name of Contact Person  
Tweeters Retreat Sanctuary  
Firm/ Company  
5027 E. Roberts Rd.  
Address  
Avon Park Fl. 33825  
City/ State and Zip Code

Tweetersretreat@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy F. Brown Name of Contact Person at (863) 414-5459 Area Code & Daytime Telephone Number

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

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2019

AMY BROWN  
5027 E ROBERTS RD  
AVON PARK, FL 33825

SUBJECT: TWEETER'S RETREAT ANIMAL SANCTUARY INC.  
Ref. Number: N18000010755

We have received your document for TWEETER'S RETREAT ANIMAL SANCTUARY INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The date of adoption of each amendment must be included in the document.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 319A00001700

2019 FEB 13 AM 11:57  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FL

RECEIVED

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2019 FEB 13 PM 4:06

Tweeters Retreat Animal Sanctuary

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000010755

(Document Number of Corporation (if known))

DEPT. OF STATE  
TALLAHASSEE, FL

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

5027 E Roberts Rd  
Avon Park, FL 33825

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

5027 E Roberts Rd  
Avon Park, FL 33825

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*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)

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:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input type="checkbox"/> Remove            | <u>V</u>  | <u>Mike Jones</u>  |
| <input type="checkbox"/> Add               | <u>SV</u> | <u>Sally Smith</u> |

|                                      |              |             |                |
|--------------------------------------|--------------|-------------|----------------|
| <u>Type of Action</u><br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------|----------------|

|  |          |                        |  |
|--|----------|------------------------|--|
| 1) <input type="checkbox"/> Change         | <u>S</u> | <u>Edward Flanagan</u> | <u>1720 Werner Dr.</u><br><u>Alva, Fl. 33920</u> |
| <input type="checkbox"/> Add               |          |                        |  |
| <input checked="" type="checkbox"/> Remove |          |                        |  |

|  |          |                          |  |
|--|----------|--------------------------|--|
| 2) <input type="checkbox"/> Change         | <u>T</u> | <u>Adriana M. Belero</u> | <u>1720 Werner Dr.</u><br><u>Alva, Fl. 33920</u> |
| <input type="checkbox"/> Add               |          |                          |  |
| <input checked="" type="checkbox"/> Remove |          |                          |  |

|   |          |                           |   |
|---|----------|---------------------------|---|
| 3) <input type="checkbox"/> Change      | <u>V</u> | <u>Ronnie T. Register</u> | <u>131 Wiggins Ave</u><br><u>Avon Park, Fl.</u><br><u>33825</u> |
| <input checked="" type="checkbox"/> Add |          |                           |   |
| <input type="checkbox"/> Remove         |          |                           |   |

|   |          |                       |   |
|---|----------|-----------------------|---|
| 4) <input type="checkbox"/> Change      | <u>S</u> | <u>Cynthia Shumar</u> | <u>1114 Whistler Dr.</u><br><u>Indianapolis, IN</u><br><u>46229</u> |
| <input checked="" type="checkbox"/> Add |          |                       |   |
| <input type="checkbox"/> Remove         |          |                       |   |

|                                    |       |       |       |
|------------------------------------|-------|-------|-------|
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       |       |       |       |
| <input type="checkbox"/> Remove    |       |       |       |

|                                    |       |       |       |
|------------------------------------|-------|-------|-------|
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       |       |       |       |
| <input type="checkbox"/> Remove    |       |       |       |

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

N/A

The date of each amendment(s) adoption: Dec. 12th, 2018 if other than the date this document was signed.

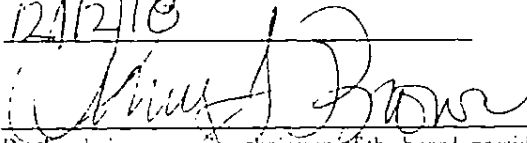
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/12/18

Signature   
(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)

Amy Brown  
(Typed or printed name of person signing)

President  
(Title of person signing)