# N130003455

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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DEC 03 2013 R. WHITE



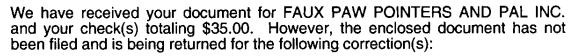
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2013

HEIDI KLEM FAUX PAW POINTERS AND PAL INC. 975 LAKE ASHBY RD NEW SMYRNA BEACH, FL 32168

SUBJECT: FAUX PAW POINTERS AND PAL INC.

Ref. Number: N13000003455



You failed to make the correction(s) requested in our previous letter.

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

Please check only one box on the amendment form regarding the adoption of amendment.

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: 513A00025449

www.sunbiz.org



September 17, 2013

HEIDI KLEM FAUX PAW POINTERS AND PAL INC. 975 LAKE ASHBY RD NEW SMYRNA BEACH, FL 32168

SUBJECT: FAUX PAW POINTERS AND PAL INC.

Ref. Number: N13000003455

We have received your document for FAUX PAW POINTERS AND PAL INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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

Please check only one box on the amendment form regarding the adoption of the amendment.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 113A00021766

RECEIVED
13 OCT 29 AM II: 31
90/SSIGN OF CORPOGENIONS
TALL AHASSPELP OR FIGUR

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Faux Pav	v Pointers a	nd pals, Inc
DOCUMENT NUMBER: N13000003		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Heidi Klem		
	(Name of Contact Person	)
Faux Paw Pointers and	pals, Inc	
	(Firm/ Company)	
975 Lake Ashby Rd		
	(Address)	
New Smyrna Beach, FL	, 32168	
	(City/ State and Zip Code	*)
floridapointerresc		
E-mail address: (to be used	-	notification)
For further information concerning this matter, please		004.0050
Heidi Klem	at ( 386	804 8859
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\Bigcup \\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assec, FL 32301

## Articles of Amendment Articles of Incorporation of

Eleo -- 13 DEC -2 AM 16 47

### Faux paw Pointers and pals, Inc.

(Name of Corporation	as currently filed with the	e Florida Dept. of State)
N13000003455		

111000000	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corporat	tion:
Florida Pointer Rescue, Inc.	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ntion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	975 Lake Ashby Rd
(Principal office address <u>MUST BE A STREET ADDRESS</u>	New Smyrna Beach
	FL 32168
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	975 Lake Ashby Rd
	New Smyrna Beach
	FL 32168
D. If amending the registered agent and/or registered office and/or the new registered office a	ice address in Florida, enter the name of the address:
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
	, Florida, Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature of New Regis	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.

Exam <u>X</u> C <u>X</u> R <u>X</u> A	llange emove	<u>V</u>	<u>John Doe</u> Mike Jones Sally Smith	
Type (Chee	of Action ck One)	<u>Title</u>	<u>Name</u>	Address
D _	Change		<del> </del>	
_	Add			
_	Remove			
2) _	Change			
_	Add			
-	Remove			
3)_	Change			
_	Add			
	Remove			
4) _	Change	<del></del>		
_	Add			
_	Remove			
₹1	Change			
	Vqq			
_	Remove			
െ_	Change			
_	Add			
	Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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Effective date if applicable: Se	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.  The amendment(s) was/were ors.
Dated Oepter	1 \/n
Signature Hoi	di Klon
have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Heidi Klem	า
	(Typed or printed name of person signing)
Title D	

(Title of person signing)