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P.O. Box 6327

Tallahassee, FL 32314

#### **COVER LETTER**

**TO:** Amendment Section 'S Division of Corporations

WEST VOLUSIA H NAME OF CORPORATION:	UMANE SOCIETY	INC	
718956			
DOCUMENT NUMBER:			<u> </u>
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
JAMES R EVANS ESQUIRE			
, <u>, , , , , , , , , , , , , , , , , , </u>	(Name of Contact P	erson)	
JAMES R EVANS PA			
The first of the second	(Firm/ Company	·)	
444 SEABREEZE BLVD, SUITE 360			
	(4.11		
	(Address)		
DAYTONA BEACH, FL 32118			
	(City/ State and Zip	Code)	·
DAVIDGAUDET@ROCKETMAIL.COM			
E-mail address: (to be used	for future annual rep	ort notificatio	n)
For further information concerning this matter, please	call:		
JAMES R EVANS	ot	386	226-8036
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida I	Department of	State:
\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif S Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		nendment Sect vision of Corpe	
or ourpoint	D1		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment** to Articles of Incorporation of

WEST VOLUSIA HUMANE SOCIETY, INC					
(Name of Corporatio	n as currer	itly filed with the Flor	ida Dept. of S	State)	
718956					
(Docu	ment Numb	per of Corporation (if kr	iown)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	es, this <i>Florida Not For</i>	· Profit Corpo	oration adopts the	following
A. If amending name, enter the new name of th	ie corporat	ion:			
N/A					The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		tion" or "incorporated	" or the abbro	eviation "Corp." o	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		)		_	
			·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		800 HUMANE SOCI	ETY ROAD		
		DELAND FL 32720			
D. If amending the registered agent and/or reginew registered agent and/or the new registered.			enter the nar	ne of the	
Name of New Registered Agent:	JAMES R	E EVANS ESQUIRE			
	444 SEAF	BREEZE BLVD SUITE	360		
New Registered Office Address	:	(Flo	rida street addre	255)	
	DAYTON	IA BEACH		, Florida 32118	
		(City)		(Zip Code)	-
New Registered Agent's Signature, if changing	Registered	Agent:		Mar E	3
hereby accept the appointment as registered ager			he obligation	s of the position.	: ~
		1. 1	15	AN R	
-	· · ·	ignumre of New Registe	War is	at an	
	اد	ignhfure of New Registe	теи Адені, іј		ם ני
					N,
		Dogo 1 of 4		<b>31</b>	<b>1</b>

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## 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> i	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P D	SHERRY CLIFTON	1214 GLENWOOD ROAD
Add			DELAND FL 32720
X Remove		,	<u>.</u>
2) Change	P D	ENOS GAUDET	800 HUMANE SOCIETY ROAD
_ <b></b> Add			DELAND FL 32720
Remove			
3) Change	VP D	DR THOMAS MCPHAIL	1598 N WOODLAND BLVD
Add			DELAND FL 32720
X Remove			
4) Change	VP D	LESLIE BUXTON	400 RIVERSIDE DRIVE
X Add			NEW YORK NY 10025
Remove			
5) Change	S D	KRISTY GRANT	821 BUCKLES ROAD
Add			PIERSON FL 32180
X Remove			
6) Change	T D	JANICE SPENCER	821 VILLAGE LAKE DRIVE
Add			DELAND FL 32724
X Remove			

#### CONTINUATION (PAGE 2)

<u>TYPE</u>	OF ACTION	TITLE	NAME	ADDRESS
7)	Change Add X Remove	DIRECTOR	TOM SCOTTI	PO BOX 508 DELEON SPRINGS, FL 32724
8)	Change X Add Remove	DIRECTOR	SANDRA PRINGLE	1430 COUNTY ROAD 48 ASTATULA, FL 34705

f amending or adding additional Artication of the Artication of th	(Be specific)	
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	A Control of the Cont	
	<del></del>	
		_

-03-2018 09:36 PM attention of the control of the c

Effective date if applicable:

MAY'1, 2018

(no more than 90 days after divisedment file date)

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

Adoption of Americanonics)

(CHECK ONE)

- The amendment(s) was/were adopted by the mainbort and this planter of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the annual content (s). The amendment(s) was/were adopted by the board of directors.

Deted

Signature

By the chairman or vice obstruen of the board, president or other officer-if directors have not been selected, by an insorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary).

**ENOS GAUDET** 

(Typed or peloted name of person signing)

PRESIDENT DIRECTOR

(Fitte of person signing)

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