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To:		
	54 3 22 2 2 2 6	
	Division of Co	rporations
	Fax Number	: (850)617-6380
••		
From:		
	Account Name	: TILLETT ALVARADO & PRENDERGAST
	Account Number	: I20210000002
	Phone	: (561)345-2416
	Fax Number	: (561)907-4965

COR AMND/RESTATE/CORRECT OR O/D RESIGN **BOCA RATON HUMANE SOCIETY, INC.**

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OCT 1 3 2021 S. PRATHER

Email Address:_

TO: Amendment Section

COVER LETTER

Division of Corporation	ns				
NAME OF CORPORATI		JMANE SOCIETY,	INC.		
	724162				
DOCUMENT NUMBER:					
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.			
Please return all correspond	lence concerning this mat	ter to the following:			
THOMAS E. SLINEY					
		(Name of Contact I	Person)		
BOCA RATON HUMANI	E SOCIETY, INC.				
		(Firm/ Compar	ıy)		
18421 LAKE BEND DRIV	'E				
	······································	(Address)		TP 8	
JUPITER, FL 33458					
		(City/ State and Zip	Code)		
LISAES@BELLSOUTH.N	IET				
	-mail address: (to be use	d for future annual re	port notifica	tion)	
For further information con	cerning this matter, please	e cail:			
THOMAS E. SLINEY		а	561	706-1951	
	(Name of Contact Persor		(Area Cod	e) (Daytime Teleph	one Number)
Enclosed is a check for the	following anyount made p	ayable to the Florida	Department	of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee Certified Copy (Additional copy enclosed)	is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is selosed)	

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

		ÄLL
		AHA AHA
•	Articles of Amendment	SS
•	to Articles of Incorporation of	EE FE
BOCA RATON HUMANE SOCIETY, INC.		G
Name of Corporation as currently filed with th	e Florida Dept, of State)	IDA
724162		
- (Docu	ment Number of Corporation (if known	, .
ursuant to the provisions of section 617.1006, Florendment(s) to its Articles of Incorporation: If amending name, enter the new name of the		fit Corporation adopts the tollowing
		The new
"Company" or "Co," may not be used in the nan B. Enter new principal office address, if applic (Principal office address MUST BE A STREET) C. Enter new malling address, if applicable; (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent. Name of New Registered Agent:	able; ADDRESS) BOX) Unitered office address in Florida, entered office address;	1 the name of the
New Registered Office Address	•	street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age	ns. I am familiar with and accept the c	
	Signature of New Registered	Avent 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: X. Change X. Remove X. Add	PI Y SY	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	Title	Name:	<u>Addres</u> s		
1) Change Add	vs	LISA E. SLINEY			
x Remove					
2) Change Add	<u>vs</u>	RYAN SMOLLAR, ESQ.	301 E. OCEAN AVE., STE #2 LANTANA, FL 33462		
Remove 3) Change Add Remove	*****				
4) Change Add					
Remove					
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)					
					
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				Salar a la
The date of each amendment(s) adopt date this document was signed.	tion:			, it other than the
Effective date if applicable:	/		date)	
<u>Note:</u> If the date inserted in this block of document's effective date on the Depart	noes not meet the appuintment of State's record:	Laure summery ming rec s.	динси сно, виз авте м ин пост	a ibicu 65 liit

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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	10/12/2021		
Signature	This E. Slines		
(By the chairman or vice chairman of the board, president or other officer-if dir have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)			
	LISA E SLINEY		
	(Typed or printed name of pers	on signing)	
	VICE PRESIDENT		
	(Title of person sign	ning)	

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