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Y. SULKER SEPOZZOZI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: Cats Exclusive, Inc			
DOCUMENT NUMBER:	751956	· · · -		
The enclosed Articles of Am	nendment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
David Boyce				
		(Name of Contact Perso	n)	
		(Firm/ Company)		
85074 Majestic Walk Blvd.	 	(Address)		
		(Addiess)		
Fernandina Beach, FL 3203	4			
		(City/ State and Zip Coc	ie)	
davidbe &	atsoyolucive -mail address: (to be used	org		
, in	-man address: (10 be used	i for tydire annual report	notification)	
For further information conc	erning this matter, please	call:		
David Boyce		at	954-398-/060 rea Code) (Daytime Telephone Number	
	(Name of Contact Person) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florida Dep	artment 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 A	.ddress	Street	Address	

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

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

Articles of Amendment to Articles of Incorporation of

Cats Exclusive, Inc (Name of Corporation as currently filed with the	Florida Dept. of Stat	<u> </u>		
751956				
	nt Number of Corpor	ation (if known)		
Pursuant to the provisions of section 617.1006. Floridamendment(s) to its Articles of Incorporation:	la Statutes, this <i>Flori</i>	da Not For Profit Corpo	ration adopts the follo	owing
A. If amending name, enter the new name of the	corporation:			
N/A				e new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	'corporation" or "in	corporated" or the abbre	viation "Corp." or "l	'nc."
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AL			. . .,	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>) <u>N/A</u>			
D. If amending the registered agent and/or regist new registered agent and/or the new registere		n Florida, enter the nan	ne of the	-! é
Name of New Registered Agent:			15.24 T	
<u>New Registered Office Address:</u>	N/A	(Florida street addres	PH 3: 28 SEE, FL SHORIDA	<u> </u>
	(Ciţy)		(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		and accept the obligations	s of the position.	
_	Signature of 1	New Registered Agent, if c	·hanging	

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	PT John D V Mike John Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	AS	Florence Chadwick	6419 NW 8th Avenue Wilton Manors, FL 33311
X Remove			
2) Change Add	<u>S</u>	Kalissa Grabowski DVM	2147 NE 62nd Ct. Fort Lauderdale, FL 33308
X Remove	VS	Shari Kavalin	PO Box 51617 Lighthouse Point, FL 33074
4) Change Add			
Кенюче			
.5) Change Add			
Кепюче			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A			
			44.
			

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	, if other than t
The date of each amendment(s) adoption:	, if other than t

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 5/20/2/		
	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)		
	SHAR. KANPLY		
	(Typed or printed name of person signing)		
	(Tiple of pageon signing)		
	(Title of person signing)		