ND0000 000 454

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600334406646

69/16/19--01017--007 **35.06

19 SEP 16 AM 10: 28

SCHECKLES.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DLIFE REHABILITATION CENTER, INC.
N00000000454 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
SUE ARNOLD	
	(Name of Contact Person)
ARNOLD'S WILDLIFE REHABILITATION CEN	NTER & RESCUE, INC.
	(Firm/ Company)
14895 NW 30TH TERRACE	
	(Address)
OKEECHOBEE, FL 34972	
	(City/ State and Zip Code)
REHABBER000@GMAIL.COM	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	se call:
SUE ARNOLD	863 763-4630 at
(Name of Contact Pers	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S35 Filing Fee	& \$\sumsymbol{\subset}\$\$\$ \$\sumsymbol{\subset}\$\$\$ Certified Copy (Additional copy is enclosed) \$\sumsymbol{\subset}\$\$\$ \$\sumsymbol{\subset}\$\$\$ (Additional Copy is Enclosed) \$\subseteq\$
Mailing Address	Street Address

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

Articles of Amendment to Articles of Incorporation of

ARNOLD'S WILDLIFE REHABILITATION CENTER, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N00000000454 (Document Number of Corporation (if known) 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: ARNOLD'S WILDLIFE REHABILITATION CENTER & RESCUE, INC. 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) (City) 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: X Change X Remove X Add	<u>V</u> <u>Mi</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A	N/A	N/A
Add			<u></u>
Remove			
2) Change			200 00
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
N/A	

	A.E. 19
	SEP
	82 6 F
	081E
	, ;
	•

date this document was signed.
Effective date if applicable:
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 09/04/2019
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)
SUE ARNOLD SUE ARNOLD
(Typed or printed name of person signing) PRESIDENT
(Title of person signing)