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## COVER LETTER

**TO:** Amendment Section Division of Corporations

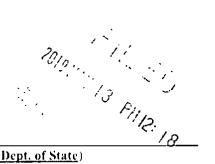
Tallahassee, FL 32314

NAME OF CORPORATION: SOUTHWEST GRE.	AT DANE RESCUE, IN	C.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
ALICIA F KEEL, CPA			
	(Name of Contact Persor	1)	
FLORIDA GIANT DOG RESCUE, INC			
	(Firm/ Company)	·· -	
5210 THONOTOSASSA ROAD			
	(Address)		
PLANT CITY, FL 33565			
	(City/ State and Zip Code	e)	
ALICIAKEELCPA@KEELANDCURLEYWINERY	.COM		
E-mail address: (to be used	for future annual report t	notificatio	1)
For further information concerning this matter, please	call:		
ALICIA F KEEL, CPA		7	
(Name of Contact Person	) (Ar	ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	irtment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certit Certit	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address ment Sect on of Corpo Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



SOUTHWEST GREAT DANE RESCUE, INC.

(Name of Corporation	as currently	filed with th	e Florida Dept. of State)	
N00000003115				
(Docum	nent Number	of Corporatio	n (if known)	
Pursuant to the provisions of section 617,1006. Flor amendment(s) to its Articles of Incorporation:	rida Statutes,	this <i>Florida N</i>	ot For Profit Corporation	adopts the following
A. If amending name, enter the new name of the	e corporation	<u>1:</u>		
FLORIDA GIANT DOG RESCUE, INC.				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		n" or "incorp	orated" or the abbreviatio	
B. Enter new principal office address, if applica	ıble:	N/A		
(Principal office address <u>MUST BE A STREET A</u>				
	_			
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	N/A		
	_	·		
	-			<del></del>
D. If amending the registered agent and/or regis			orida, enter the name of t	<u>he</u>
new registered agent and/or the new register				
Name of New Registered Agent:	ALICIA F.	KEEL, CPA		
	5210 THON	OTOSASSA	ROAD	
New Registered Office Address:			(Florida street address)	
<u>New Registered Office Address.</u>	PLANT CIT	ΓV		33565
		(City)	Flori (Zi	
		-	,,,,,	,
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			accent the obligations of th	e position.
			•	- p
			( time	
<del>-</del>	Sigi	nature of New	Registered Agent, if chang	ing

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>Mik</u>	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	VALERIE JONES	PO BOX 740171
X Add			ORANGE CITY, FL 32774
Remove			
2) Change	T	ALICIA F. KEEL. CPA	5210 THONOTOSASSA ROAD
X Add			PLANT CITY, FL 33565
Remove	S	CHERYL THACKER	1355 WHISPERING PINES DR
3 ) Change		CHEKTE THACKER	CLEARWATER, FL 33764-2821
Add Remove			
4) Change	D	DEVON CONSTANTINIDIS	1403 DUBONNET COURT
Add			FT. MYERS, FL 33919
Remove			
5) Change	<del></del>	<del></del>	
Add			<del></del>
Remove			
6) Change	····		
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	ticles, enter change(s) here:  (Be specific)
	· - · · · · · · · · · · · · · · · · · ·
	<del></del>
	<del></del>

	MAY 10, 2019			
The date of each amendment(s) a	adoption:		, if ot	her than the
date this document was signed.				
	XY 10, 2019			
Effective date <u>if applicable</u> :				
	(no more than 90	days after amendment file do	rte)	
Note: If the date inserted in this b document's effective date on the D			ements, this date will not be liste	d as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were was/were sufficient for approx	•	nd the number of votes east f	or the amendment(s)	
There are no members or mer adopted by the board of direct		ne amendment(s). The amend	lment(s) was/were	
Dated	5/10/19	}		
Signature	<u></u>	Ja		
have not b		the board, president or other orator – if in the hands of a nat fiduciary)		
	(Typed o	r printed name of person sign	ing)	
	CPA	- Regarder (Title of person signing)	the security	
			Le masure/	