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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	A NATU	RES SANC	TUARY, INC.	
DOCUMENT NUMBER:		000000690	6	•
The enclosed Articles of Amen	dment and fee are subr	nitted for filing.		•
Please return all correspondence	e concerning this matte	er to the following:		
	CLYDE	R. ALLEN		
		(Name of Contact Person	1)	•
AN	IATURES	SANCTUAF	RY, INC.	
		(Firm/ Company)	· · · · · · · · · · · · · · · · · · ·	-
880	05 OVER	SEAS HWY	#152	
		(Address)		•
IS	SLAMORA	DA, FL 330	36	
		(City/ State and Zip Cod		•
sostare E-m	on (a) bellsc	for future annual report	PEL 0720 Eg	MAIL.COM
For further information concern	ning this matter, please	call:		
Carl Lindback		at (305	522-2718  ode & Daytime Telephone Number)	
(Name of Conta	ct Person)	(Area Co	ode & Daytime Telephone Number)	•
Enclosed is a check for the following	owing amount made pa	yable to the Florida Depa	artment of State:	
■ \$35 Filing Fee □	3\$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 Add	<del></del>		Address ment Section	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### **Articles of Amendment**

## Articles of Incorporation of

# A NATURES SANCTUARY, INCOMPORATED

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
N0000	0006906
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
N/A	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A PER
Principui Office address MOST BE A STREET ADDRESS )	
	\$ 5 5 T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	e address in Florida, enter the name of the ddress:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
Signature of New Regist	ered Agent, if changing

Page 1 of 4

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)

. 3

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 l V Mike SV Sally		
Type of Action (Check One)	Title	Name	Address
1) Change	VD	ALEXANDRE LINGUETTE	88005 OVERSEAS HWY #152
Add X Remove			ISLAMORADA, FL 33036
2) Change	VD	MOLLY JOHNSON	88005 OVERSEAS HWY #152
Add X Remove	<del></del>		ISLAMORADA, FL 33036
3) Change	VD	CARL LINDBACK	88005 OVERSEAS HWY #152
X Add			ISLAMORADA, FL 33036
4) Change	ΝĐ	CASEY RUSSIELL	88005 OUEVSEAS HWY # 152
Remove  5) Change  Add	au	Jerry Norman	IShA F-L 33 036  88005 OVERSEAS HWY  H 15-2
Remove  6) Change Add	PCEO	Chyde ALLEN	FShA FL 33036  S8005 OUEVSEAS MAY  # 15-2
Remove		Page 2 of 4	ISLA Fn. 33036

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) her (Be specific)	<u>re</u> :	
N/A			
·		·	
	······································	<del> </del>	·
<u>,</u>	35		
			I

The c	date of each amendment(s) adoption: 10/1/2012
Effec	etive date if applicable:
	(no more than 90 days after amendment file date)
Adop	otion 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 10/1/2012 Signature Gardon Rasident
	(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)
	CLYDE R. ALLEN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)