

NO10000005139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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12/07/10--01017--010 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 20 AM 9:09

Amend/cys
@ 12/5/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Scottish Fold Rescue, Inc.

DOCUMENT NUMBER: N01000005139

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Grace F. Guidry

(Name of Contact Person)

Scottish Fold Rescue, Inc.

(Firm/ Company)

1180 FM 2324

(Address)

Emory, TX 75440

(City/ State and Zip Code)

hebrides @argontech.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grace F. Guidry

(Name of Contact Person)

at (903) 269-4220

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC 20 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 8, 2010

GRACE F. GUIDRY
SCOTTISH FOLD RESCUE, INC.
1180 FM 2324
EMORY, TX 75440

SUBJECT: SCOTTISH FOLD RESCUE, INC.
Ref. Number: N01000005139

We have received your document for SCOTTISH FOLD RESCUE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

YOU FAILED TO SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 010A00028435

*Signed -
please make address changes on 2nd page
thanks -
Grace*

Articles of Amendment
to
Articles of Incorporation
of

SCOTTISH FOLD RESCUE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

ND1000005139

(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:

The new 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.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

(Florida street address)

N/A

(City)

Florida

(Zip Code)

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.

N/A

Signature of New Registered Agent, if changing

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 20 AM 9:09

(Attach additional sheets, if necessary)

D	Judi Traynor	5515 Raintree Trail	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL	<input type="checkbox"/> Remove
		34982	

DVP	Delynn W. Sattimore	114 Pavilion Dr Brandon, MS 39642	<input type="checkbox"/> Add <input type="checkbox"/> Remove	change Address
DT	Grace F. Guidry	P.O. Box 414 Emory, TX 75440	<input type="checkbox"/> Add <input type="checkbox"/> Remove	change Address

(attach additional sheets, if necessary). (Be specific)

1

The date of each amendment(s) adoption: December 1, 2010

Effective date if applicable: December 1, 2010
(date of adoption is required)
(no more than 90 days after amendment file date)

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 December 1, 2010

Signature Grace F. Guidry
(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)

Grace F. Guidry
(Typed or printed name of person signing)

Treasurer
(Title of person signing)