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Marie

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BONNIES PURPOSE INC.
DOCUMENT NUMBER: NO100008776
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Terry M Co Huz (Name of Contact Person)
(Name of Contact Person)
Bonnie's Purpose (Firm/Company)
(Firm/ Company)
1245 Grace Avenue
(Address)
Panama City 72 32401 (City/ State and Zip Code)
(City/ State and Zip Code)
Ortlause yahoo. (om E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Terry M Co Her at 850-533-0425 (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe
Mailing Address Amendment Section  Street Address Amendment 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 to Articles of Incorporation of

	Inc.
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
NO100	000 8776
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corpor	
Bonnies Purpose Inc.	∠ The roration" or "incorporated" or the abbreviation "Corp." or "In
	oration" or "incorporated" or the abbreviation "Corp." or "In
"Company" or "Co," may not be used in the name.	1.4
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	$\frac{\mathcal{N}(\mathcal{H})}{\mathcal{SS}}$
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1245 Grave Avenue
(maining duaress SIAT DE ATOST OFFICE BOX)	1245 Grace Avenue Panama (ity, 72 32401
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic	
new registered agent and/or the new registered offic	ce address:
new registered agent and/or the new registered office  Name of New Registered Agent:	
new registered agent and/or the new registered offic	(Florida street address)
new registered agent and/or the new registered office  Name of New Registered Agent:	(Florida street address)
new registered agent and/or the new registered office  Name of New Registered Agent:	ce address:
new registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Register	(Florida street address)  (Florida street address)  (City)  (Zip Code)
Name of New Registered Agent:  New Registered Office Address:	(Florida street address)  (Florida street address)  (City)  (Zip Code)
new registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Register	(Florida street address)  (Florida street address)  (City)  (Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 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 Chang-Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	V Mik	n Doe se Jones y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	_ D.	Ryan	Davis	Panama City Th 324 E
_ <b>X</b> _ Add		·		Panama City 72 324 E
Remove			. 1	
2) Change	$\mathcal{D}$	Jessica	Hendrix	10842 Alex DR.
X Add				Fantain, 72 32438
Remove				
3 ) Change			<del></del>	
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

## E. If amending or adding additional Articles, enter change(s) here:

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

Artide III
The specific purpose for which this corporation.
organized is:
This corporation is a non-profit corporation
organized to be the voice for the Castaway Cats and dogs in the Bay Coun area through education, medical treatment, Sterilization and adoption.
the Castaway cats and dogs in the Bay Coun
area through education medical treatment,
Sterilization and adoption.

	date of each amendment(s) adoption:  7   15   2019
Effe	(no more than 90 days after amendment file date)
Not	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	iment's effective date on the Department of State's records.
Ado	option of Amendment(s) (CHECK ONE)
<b>प्र</b> '	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 8 15 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)
	Terry M Cotter (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)