

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Heidi's Legacy Dog Rescue, INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Amanda Beth Scott

(Name of Contact Person)

Heidi's Legacy Dog Rescue, INC.

(Firm/ Company)

PO BOX 1176

(Address)

Valrico, FL 33594

(City/ State and Zip Code)

AMANDA.S@HEIDISLEGACYDOGRESCUE.COM

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

For further information concerning this matter, please call:

Amanda Beth Scott

813

737-1795

at _____

(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:

☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 OCT -1 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FL

Heidi's Legacy Dog Rescue, INC.

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

(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)

416 Summer Sails Dr

Valrico, FL 33595

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 1176

Valrico, FL 33595

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:

Amanda Scott

416 Summer Sails Dr

(Florida street address)

New Registered Office Address:

Valrico

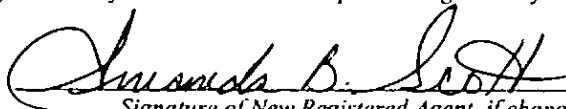
Florida 33594

(City)

(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.



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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>PT</u>	<u>Scott, Amanda B</u>	<u>416 Summer Sails Dr</u>
<input type="checkbox"/> Add			<u>Valrico, FL 33594</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PT</u>	<u>Hoffman, Lorraine A</u>	<u>Deceased</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>Hoffman, Arthur G</u>	<u>771 Cartpenters Way</u>
<input type="checkbox"/> Add			<u>Apt 349</u>
<input type="checkbox"/> Remove			<u>Lakeland, FL 33809</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 10/01/2018

(no more than 90 days after amendment file date)

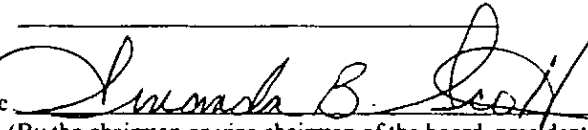
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 09/28/2018

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)

Amanda B Scott

(Typed or printed name of person signing)

President

(Title of person signing)

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018124121

DATE ISSUED: AUGUST 7, 2018

DECEDENT INFORMATION

DATE FILED: AUGUST 7, 2018

NAME: LORRAINE AYER HOFFMAN

DATE OF DEATH: AUGUST 2, 2018

SEX: FEMALE

AGE: 074 YEARS

DATE OF BIRTH: JANUARY 31, 1944

SSN: 001-32-5250

BIRTHPLACE: WASHINGTON, DISTRICT OF COLUMBIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: MELECH HOSPICE HOUSE

LOCATION OF DEATH: TAMPA, HILLSBOROUGH COUNTY, 33617

RESIDENCE: 3102 NICHOLS ROAD, LITHIA, FLORIDA 33547, UNITED STATES

COUNTY: HILLSBOROUGH

OCCUPATION, INDUSTRY: SECRETARY, LEGAL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: ARTHUR GEORGE HOFFMAN

FATHER'S/PARENT'S NAME: MELVIN GEORGE AYER

MOTHER'S/PARENT'S NAME: FLORENCE MARY SAVAGE

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: AMANDA SCOTT

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 416 SUMMER SAILS DRIVE, VALRICO, FLORIDA 33594, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: KAITLYNN SCHRADER, F048942

FUNERAL FACILITY: RIGHT CHOICE CREMATIONS - BRANDON F108916

2130 W BRANDON BLVD STE 105, BRANDON, FLORIDA 33511

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: STEELE'S FAMILY FUNERAL SERVICE
WINTER HAVEN, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 2000

DATE CERTIFIED: AUGUST 6, 2018

CERTIFIER'S NAME: JOSE MANUEL FERNANDEZ SEMIDEY

CERTIFIER'S LICENSE NUMBER: ME105393

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED



, STATE REGISTRAR

REQ: 2019569087

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

