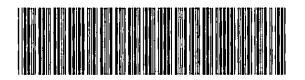
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COVER LETTER

TO: Amendment Section Division of Corporations

G.R.E.A.T. RESCU	E OF NE FLORIDA, IN	C.	
N02000007751			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
REED BROWN			
	(Name of Contact Perso	on)	
GREAT RESCUE OF NE FLORIDA. INC.			
	(Firm/ Company)		
PO BOX 600878			
	(Address)		
ST. JOHNS, FL 32260			
	(City/ State and Zip Co	de)	
GREATRESCUE@COMCAST.NET			
E-mail address: (to be used	for future annual repor	t notification	1)
For further information concerning this matter, please	e call:		
REED BROWN		04-287-0712	
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		t Address	ion
Amendment Section		ion of Come	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

G.R.E.A.T. RESCUE OF NE FLORIDA, INC.			<u> </u>
(Name of Corporation as currently filed with the	Florida Dept. of S	tate)	* Zi I !
N02000007751			
(Docum	nent Number of Corp	oration (if kno	wn)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this Fla	orida Not For i	Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:		
N/A			The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corporation" or " e.	incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	1140 LA	KE PARKE D	RIVE
(Principal office address MUST BE A STREET A	ANDECCI	NS, FL 32259	
C. Unter any mailing address if applicables			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>) N/A		
			
D. If amending the registered agent and/or regi	stered office addres	s i <u>n Florida, e</u>	nter the name of the
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent:	TERRI COOPER		
	1140 LAKE PARK	E DRIVE	
		(Flori	da street address)
New Registered Office Address:			2004.
	ST.JOHNS, FL		, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar wit	h and accept th	e obligations of the position.
(_	Cerv C	so De	-
	Sighature o	f New Register	ed 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: X Change X Remove X Add	\overline{V} Mik	n <u>Doe</u> te Jones y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) × Change Add	<u>P</u>	TERRI COOPER	ST. JOHNS ,FL 32259
Remove			
2) × Change Add	<u>v</u>	JUDITH BROWN	2424 HAWKCREST DRIVE E. JACKSONVILLE, FL 32259
Remove 3) X Change Add Remove	<u>D</u>	REED BROWN	2424 HAWKCREST DRIVE JACKSONVILLE, FL 32259
4) Change Add	T	PAULA GRADWELL	3716 BERENSTAIN DRIVE ST. AUGUSTINE, FL 32092
Remove 5) Change Add	<u>D</u>	KATHI BELL	4735 WAVERLY LANE JACKSONVILLE, FL 32210
Remove 6) Change Add	2NDV	PEYTON TAYLOR	6016 SALAMONICA DRIVE JACKSONVILLE, FL 32217
× Remove E. If amending or a	dding additional	Articles, enter change(s) here:	
(attach additional	sheets, if necessar	y). (Be specific)	
REMOVE	D	TINA MONFILETTO	13306 QUEEN MIST DRIVE
			JACKSONVILLE. FL 32258
ADD	D	BILL GRADWELL	3716 BERENSTAIN DRIVE
			STALIGUSTINE EL 32092

•		
		<u> </u>

m	N - 4	, if other than the
date this document was signed.	adoption:	
1265-stim data if applicables	ANUARY 1, 2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes east for the roval.	amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
DECEMBER 23, 2020 Dated
Signature Audith Boots (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)
JUDITH BROWN
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)