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COVERLETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Haile's Angels Pet Rescue	INC
NAME OF CORPORATION.	
DOCUMENT NUMBER: NO400001113	- 23
The enclosed Articles of Amendment and fee are submitted for filing.	= :
Please return all correspondence concerning this matter to the following:	2011 001 27
Howard FAGAN (Name of Contact Person)	
(Name of Contact Person)	 E:
	#F
(Firm/ Company)	
617 S.W. 918+ St	
(Address)	
GAINESUILLE FL 32607 (City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
•	
For further information concerning this matter, please call:	
Howard Fagan at 352-332-7049 (Name of Contact Person) (Area Code) (Daytime Telephone Nu	
(Name of Contact Person) (Area Code) (Daytime Telephone Nu	ımber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section	

Mailing Address
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

orporation 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 corporat	4/4	_The new
name must be distinguishable and contain the word "corpore	tion" or "incorporated	I" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	,	
B. Enter new principal office address, if applicable:	A\4	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- NH	
D. If amending the registered agent and/or registered offi	ce address in Florida,	enter the name of the
new registered agent and/or the new registered office :	idaress:	
Name of New Registered Agent:	NA	
	•	
	(Flo	orida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent	
New Reprivered Agent's Signature, it Changing the Secretary description of the Appointment as registered agent. I am fa	miliar with and accept	the obligations of the position.
	·	
S	ignature of New Regist	cred 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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	D	Projetto Robert Louis	5231 S.W. 91 DR GAINESUITE FC 32608
2) Change Add		Harpe Pamela	9406 SW. 346 (Ave GAINESVIlle, FL
Remove 3) Change Add	<u> P</u>	Mccollough, Linda	32608 52315.W.919DR GAINESUILLE, FC
Remove 4) Change Add	_P D	FAGAN, HOWARD	617 5.w. 91 St GAINESUILLE, FL
Remove 5) Change Add	VD_	Tufts, Barbara	32607 3721 S.W. 84th St. GAINESUILLE, FL
Remove 6) Change Add	D	Blackly, Judy	32608 2211 S.W. 83 ed C+ GAINESUILLE FL
Remove		Page 2 of 4	32607

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 litle:

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 D V Mike J SV Sally S	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	D	Stahler, Peyton	P.D. BOX 14512 Gainesville FL 32604
2) Change	D	Rivera, Samantha	8405 S.W. 51 the GAINESVILLE, FC
Remove 3) Change Add	SD	Stuart Maria	32608 10000 SW 5200 Ave Unit AA160
Remove Change Add	TD	DANIEL Peter	GAINESUITE PL 47005WHERLEND #135
Remove 5) Change Add			Gainesuille, Fl 32608
Remove (i)Change Add Remove			
		Page 2 of 4	

If amending or adding additional Articl (attach additional sheets, if necessary).	es, enter change(s) here: (Be specific)			
•	N/A			
	N/4			
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The date of each amendment(s) adoption: 10-10-2017 date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Howard L FAGAN	
(Typed or printed name of person signing)	
<u>Cresident</u> , Director	
(Title of person signing)	