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nec 11 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Haile's Angels Pet Re			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Samantha Rivera, DVM				
	<u> </u>	(Name of Contact Perso	ən)	
Haile's Angels Pet Rescue,	Inc.			
		(Firm/ Company)		
5231 SW 91st Drive				
		(Address)	<u> </u>	
Gainesville, Florida 32608				
<u> </u>		(City/ State and Zip Co	de)	
hailesangelspetrescue@gm	ail.com			
	E-mail address: (to be used	for future annual repor	t notification	1)
For further information con	cerning this matter, please	call:		
Kim Van Vliet			352)	281-4240
<u>.</u>	(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable 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	O Filing Fee icate of Status ied Copy tional Copy is osed)
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Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: In amending name, enter the new name of the corporation or "incorporated" or the abbreviation "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)	The new
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: mame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	The new
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: mame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name. 3. Enter new principal office address, if applicable:	
Company" or "Co." may not be used in the name. 3. Enter new principal office address, if applicable:	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. ,	
	
). If amending the registered agent and/or registered office address in Florida, enter the name of t	<u>he</u>
new registered agent and/or the new registered office address:	
Name of New Registered Agent: Samantha Rivera	
5231 SW 91st Drive	
(Florida street address)	-
New Registered Office Address:	
Gainesville Florid	
(City) (Ziq	p Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	e position.
	2690 N
Signature of New Registered Agent, if changi	ing::". Q
	155 2
	P

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	PT John Do V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	MBR	Johnathan Miot	9940 SW 56th Lanc Gainesville, FL 32608
× Remove			
2) <u>× Change</u> Add	<u>D</u>	Casey Halwani Peeler	328 NE 19th Terrace Cape Coral, FL 33909
Remove	DT	Brady Bonavita	726 SW 5th Avenue Gainesville, FL 32601
4) × Change Add	<u>DS</u>	Kim Van Vliet	8124 SW 57th Place Gainesville, FL 32608
Remove 5) × Change Add	<u>D</u>	Calla Rowell	13275 SW 6th Avenue Newberry, FL 32669
Remove 6) × Change Add	DP	Samantha Rivera	8405 SW 51st Lanc Gainesville, Florida 32608
E. If amending or addi (attach additional she	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	

	-	<u> </u>			
				· · · · · · · · · · · · · · · · · · ·	
			•		
	<u> </u>				
The date of each amendmendate this document was signed	at(s) adoption:			î	fother than the
Effective date <u>if applicable</u> :	11/2/2020		21.		_
		e than 90 days after am			
Note: If the date inserted in t document's effective date on	his block does not mot the Department of St	eet the applicable statute ate's records.	ory filing requirements	this date will not be l	isted as the

(CHECK ONE)

 \blacksquare The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of 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
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) Samantha Rivera, DVM
(Typed or printed name of person signing)
President

(Title of person signing)