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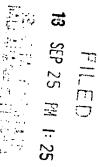
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(Address)			
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sumter Dis	aster Animal F	Response Team, Inc.
· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUMBER:	······	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Ronnie Graves		
	(Name of Contact Person	n)
Prosthetics Research		
	(Firm/ Company)	
720 Southland Avenue		
	(Address)	
Bushnell, FL 33513		
	(City/ State and Zip Cod	e)
ronnie@sumterda	art.org	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Jenn Miler-Most	_{at (} 727	481-1385 Ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the F	lorida Dept, of State)		
(Document Number of C	Corporation (if known)	_	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the	ie fallav	wing
A. If amending name, enter the new name of the corpora	etion:		
Florida Disaster Animal Response A	and Transport, Inc. (Florida DAR	Γ) _{. Τhe}	now.
name must be distinguishable and contain the word "corpor			
"Company" or "Co." may not be used in the name.	ALIA	; •	ږ
B. Enter new principal office address, if applicable:	N/A		·
(Principal office address <u>MUST BE A STREET ADDRESS</u>	(1)	ÿ	7
		_	-
C. Enter new mailing address, if applicable:	N/A	,	2
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		_	_
D. If amending the registered agent and/or registered off	iice address in Florida, enter the name of the		
new registered agent and/or the new registered office			
Name of New Registered Agent: N/A			
	(Florida street address)		
New Registered Office Address:			
	, Florida		_
(City)	(Zip Cod	de)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		.	
Signature of New	v 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: X.Change X.Remove X.Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
1) Cl.			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
		•	
6) Change			
Add			
Remove			
IXCINOVO			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
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					<u></u>
					

The	date of each amendment	t(s) adoption: August 21, 2013	, if other than the
date	this document was signed	•	
Effective date <u>if applicable</u> :		November 1, 2013	
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) opproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 9-	23-2013	
	Signature	23-2013 Ronnie N. Draves	-
	(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Ronnie	e Graves	
		(Typed or printed name of person signing)	
	Board	President	
		(Title of person signing)	