## N070000/2028

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Athens. 300 08/14/14

## COVER LÉTTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: THE SA	NETVARY OF OCALA INC.				
DOCUMENT NUMBER:	70000 12028				
The enclosed Articles of Amendment and fee are subm	itted for filing.				
Please return all correspondence concerning this matter	to the following:				
CHAIS	FEDORCEIA Name of Contact Person)				
(	Name of Contact Person)				
THE SANG	TUARY OF CUALA INC				
	(Firm/ Company)				
4645	E. SILVER SPRINGS BLVD (Address)				
	(Address)				
OCALA F	4 34470				
	City/ State and Zip Code)				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
CHAIS FEDORCIEK	362 401-5683				
(Name of Contact Person)	at ( 362 ) 401-5683 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status					
Mailing Address	Street Address				
Amendment Section	Amendment Section				
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

THE SI (Name of Corporation as currently file	ANCTUARY C	OF OCALA.	INC.	_ <del>.</del>
(Name of Corporation as currently file	ed with the Flori	da Dept. of State	<u>e</u> )	
	NO7000	012028		
(Documer	nt Number of Cor	poration (if know	1)	
result to the provisions of section 617.1006 nendment(s) to its Articles of Incorporation:	, Florida Statutes,	this <i>Florida Not</i>	For Profit Corpo	ration adopts the follow
If amending name, enter the new name of	of the corporatio	<u>n:</u>		
ame must be distinguishable and contain the Company" or "Co." may not be used in the	word "corporationame.	on" or "incorpor	ated" or the abbre	The reviation "Corp." or "In
Enter new principal office address, if ap				
rincipal office address <u>MUST BE A STREE</u>	ET ADDRESS )			
	-			——————————————————————————————————————
	-			<del></del>
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)				, <b>,</b> , , , , , , , , , , , , , , , , ,
(		·		
	•			
				<u> </u>
If amending the registered agent and/or			da, enter the nan	ne of the
new registered agent and/or the new reg	<u>istered office ad</u>	<u>dress:</u>		•
Name of New Registered Agent:				
				_
New Registered Office Address:	(1	Florida street address	)	
			***	
<del></del>	(City)		, Florida	(Zip Code)
				(Exp cons)
ew Registered Agent's Signature, if chang thereby accept the appointment as registered			ept the obligation	s of the position.
	gnature of New R	egistered Agent	if changing	-

Page 1 of 4

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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		POGER BARTRAM	1357 NE 51 ST LP
Add Remove			OCAM FE 34479
2) Khange	PD	KENDETH L. BROWN SR	5510 NE 4TH AVE
Add Remove			OCAM FE 34479
3) Add	_50_	PANIA M BROWN	044 FE 34479
Remove	1		
4) X Change Add	<u>VPD</u>	PONY HARBATTER	840 NE 95TH ST OCALA FL 34479
Remove	<b>T</b>	, , , , , , , , , , , , , , , , , , , ,	1122 1122 112
5) X Change Add	<u> 70</u>	WAYMON THOMAS	1677 Transtone Way Claumint & 3471
Remove			
6) Change Add		·	
Remove			

f amending or adding additional Art utach additional sheets, if necessary).	(Be specific)
	•
	<u> </u>

	e date of each amendment(s) adoption:e this document was signed.	, if other than the
	ective date if applicable: 8-6-14	
	(no more than 90 days after amendment file date)	
Add	option of Amendment(s) ( <u>CHECK ONE</u> )	
ø	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 8-6-14	
	Signature , Jun C.	
	(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)	
	KENNETH L BRUW SR	
	(Typed or printed name of person signing)  PATSIDENT DIRIFETTION	
	KAESIDENT DIRIFLETER	
	(Title of person signing)	