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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend.*

*12-26-13*

*De*

Attn: Darlene

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2013

PAULA FRALEY  
AHOOF  
8536 SE 11TH AVE  
STARKE, FL 32091SUBJECT: AFFILIATED HORSE OWNERS OF FLORIDA, INC.  
Ref. Number: N08000001004

We have received your document for AFFILIATED HORSE OWNERS OF FLORIDA, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 813A00028469

Returning Non-Profit Not for Profit Corporation forms. Please file ASAP much time has passed. We need to set up our bank account and holding our donations.

Thank you.  
Paula Fraley

[www.sunbiz.org](http://www.sunbiz.org)

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AFFILIATED HORSE OWNERS OF FLORIDA, INC.

DOCUMENT NUMBER: N08000001004

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULA FRALEY

(Name of Contact Person)

AHOOF

(Firm/ Company)

8563 SE 11TH AVE

(Address)

STARKE, FLORIDA 32091

(City/ State and Zip Code)

brokessfarm@sbglobal.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA FRALEY

(Name of Contact Person)

at (352) 473-3230

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

AFFILIATED HORSE OWNERS OF FLORIDA, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N 08000001004

(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 corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "Incorporated" or the abbreviation "Corp." or "Inc." "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)

8563 SE 11th Ave

STARKE, FL

32091

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1404 P.O. Box

STARKE, FL

32091

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

PAULA FRULEY

8563 SE 11th Ave

(Florida street address)

New Registered Office Address:

STARKE

(City)

Florida

32091

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Paula Fruley  
Signature of New Registered Agent, if changing

FILED  
13 DEC 10 PM 14:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |                  |                      |   |
|--|------------------|----------------------|---|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>P, T, CEO</u> | <u>Paula Fraley</u>  | <u>8563 SE 11th Ave</u><br><u>STARKE, FL</u><br><u>32091</u>        |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>P</u>         | <u>Vicki Lawry</u>   | <u>116 Hickory Creek Dr.</u><br><u>BRANDON, FL</u><br><u>33511</u>  |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D, TR</u>     | <u>KATHRYN RILEY</u> | <u>10334 SE SR 100</u><br><u>STARKE, FL</u><br><u>32091</u>         |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S, T</u>      | <u>BESS WALL</u>     | <u>10055 Hiway 100 West</u><br><u>BUNNELL, FL</u><br><u>32110</u>   |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>D</u>         | <u>TRACI WOODARD</u> | <u>5311 RAZORBACK CT,</u><br><u>MISSILEBURG, FL</u><br><u>32068</u> |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>D</u>         | <u>JAMES WATKINS</u> | <u>P.O. Box 1944</u><br><u>LAKE LAND, FL</u><br><u>33502</u>        |

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

Changes should be noted in the following manner:

- (1) ADD currently Paula Fraley is President  
(P) (LT) (CEO).

Remove: Vicki Lawry - Left the organization as  
it is being reorganized, as registered Agent &  
President (P).

- (2) ADD Bess Wall is Current (S) (T)

- (3) Remove Tracie Ward (D) | These are no longer  
Remove James Watkins (D) | with organization

- No change - Same  
(4) CELINNA WACE (D) P.O. Box 1237, AL <sup>(32702)</sup> <sup>32</sup> TOONA, FL  
is currently with the organization as A (D)

- (5) ADD Kathryn Riley as (D), (TR)

The date of each amendment(s) adoption: November 29th 2013, if other than the date this document was signed.

Effective date if applicable: November 29th 2013  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 December 19, 2013

Signature Paula Fraley  
(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)

Paula Fraley  
(Typed or printed name of person signing)  
President - AttoF CEO  
(Title of person signing)