

1080000290

(Requestor's Name)

(Address)

(Address)

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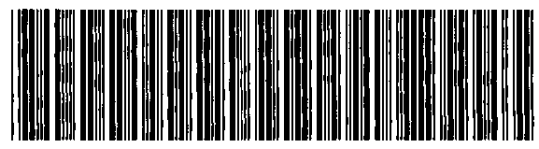
(Business Entity Name)

(Document Number)

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2012 OCT 12 PM 2:15
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fancy Pet Foundation, Inc

DOCUMENT NUMBER: NO8000002990

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

Please return all correspondence concerning this matter to the following:

Ru H Pennie

(Name of Contact Person)

(Firm/ Company)

12959 Hunt Oak Ln

(Address)

Jacksonville, FL 32224

(City/ State and Zip Code)

ruhennie@comcast.net

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

For further information concerning this matter, please call:

Ru Pennie

(Name of Contact Person)

at (904) 223-0204

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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 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

Fancy Pet Foundation, Inc

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

NO 8000002990

(Document Number of Corporation (if known))

FILED
2012 OCT 12 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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.

Signature of New 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:

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	Ava Electris Cannie	12959 Hunt Club Rd N Jax FL 32224
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	Eva Helene Cannie	12959 Hunt Club Rd N Jax FL 32224
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	David P. Miller	12959 Hunt Club Rd N Jax FL 32224
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Dorah Thormond Bolton	1532 Sand Dollar Circle Neptune Beach FL 32266
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	Debbie Robinson	13401 Sutton Park Drive S. Jax FL 32224 #1018
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers in the United States.

2. **Background:** The COVID-19 pandemic has caused significant global health and economic challenges. Healthcare workers have been on the frontlines, facing high levels of stress, anxiety, and burnout.

3. **Objectives:** The study aims to:

- 3.1. Assess the prevalence of mental health issues among healthcare workers.
- 3.2. Identify factors associated with mental health problems.
- 3.3. Explore coping mechanisms used by healthcare workers.

4. **Methodology:** A cross-sectional survey was conducted using a validated questionnaire. Data was collected from healthcare workers across various settings in the United States.

5. **Results:** The study found that a significant proportion of healthcare workers reported symptoms of anxiety, depression, and stress. Factors such as prolonged exposure to the pandemic, lack of personal protective equipment (PPE), and social isolation were associated with higher levels of mental distress.

6. **Conclusion:** The COVID-19 pandemic has had a profound impact on the mental health of healthcare workers. Further research and support are needed to address these challenges and improve the well-being of frontline staff.

7. **Keywords:** COVID-19, healthcare workers, mental health, stress, anxiety, depression.

The date of each amendment(s) adoption: Oct 8 2012

Effective date if applicable: _____
(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 Oct 8 2012

Signature Eva H. Cammi
(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)

Eva Helene Cammi
(Typed or printed name of person signing)

President - Director
(Title of person signing)