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PICK-UP	MAIT	MAIL
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2009 JUN -2 AM II: 59
SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: The Forgotten	Dog Rescue, Inc.	
DOCUMENT NUME	BER: N08000008821		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
		M. Macniven	
	(Name of	Contact Person)	
	The Forgotte	en Dog Rescue, Inc.	
	(Firm	n/ Company)	
	7306 (Gary Avenue	
		Address)	
			,
		h, FL 33141-2509	
	(City/ Sta	te and Zip Code)	
		pa@earthlink.net	
	E-mail address: (to be use	ed for future annual report notif	ication)
For further informatio	n concerning this matter, pleas	e call:	
James R. Powell,	CPA	at (941) 539-8	866
	of Contact Person)	at (941) 539-86 (Area Code & Day	rtime Telephone Number)
Enclosed is a check for	r the following amount made p	payable to the Florida Departm	ent 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)
Amen Divisi P.O. B	ng Address dment Section on of Corporations ox 6327	Street Address Amendment Section Division of Corpora Clifton Building	n ations
Tallahassee, FL 32314 2661 Executive Center Circle		nter Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

FILED

The Forgotten Do	g Rescue, Incs	ECRETARY
(Name of Corporation as currently fi	led with the Florida Dept. of Stat	AHASSEF STATE
N080000	08821	LURID
	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floridath the following amendment(s) to its Articles of Incorpor		ofit Corporation adopts
A. If amending name, enter the new name of the co	orporation:	
		•
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.		rporated" or the
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADI</u>		
		
	·	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<i>X</i>)	
		·
D. If amounting the registered agent and/or register	red office address in Florida, ent	or the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered		er the name of the
Name of New Registered Agent:		_
		_
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	sistered Agent:	
l hereby accept the appointment as registered agen- position.		t the obligations of the
·		
Signatu	re of New Registered Agent, if char	nging

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) Title Name Address Type of Act

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add☐ Remove
(attach addi	ng or adding additional Article itional sheets, if necessary). (K - PURPOSE FOR WHIC zation is organized exclus	Be specific)	s, educational, and
		n purposes, the making of d	
		ding section of any future fe	
	<u> </u>		
		·	

The date of each amendment(s) adoption: May 26, 2009		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated May	26, 2009	
Signature _	Ruis Mais Marrie	
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	Ruth M. Macniven	
	(Typed or printed name of person signing)	
	Director & Secretary-Treasurer	
	(Title of person signing)	