(Red	questor's Name)	
(Add	dress)	,
•		
(A -I	dress)	*** <u>-</u>
, (Add	11622)	
(City	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE

Mario

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: SAFE PET RESQUE, INC.		
DOCUMENT NUMBER: N 0800800 9004		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DEN PETERMAN (Name of Contact Person)		
SAFE PET RESQUE, /xxc. (Firm/Company)		
124 CEDAR GREEK ROAD (Address)		
PALATKA, FL 32177 (City/ State and Zip Code)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ROBIN KANTUER at (904) 471-4329 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of 08000009004

(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, he following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n</u>
X/A	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_X/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>///A</u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address: (Florid	da street address)
	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Armonial Interest Agent. I am position.	gent: Samiliar with and accept the obligations of the
X/A	
Signature of New	Registered Agent, if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>\$</u>	JOANNA SUNDERMAN	5270 A1A SOUTH ST. AUGUSTINE FL 32080	Add Remove
5	KAREN BASCHE	5400 WIND & TIDE St. AUGUSTIME FL 32080	Add Remove
			Add Remove
E. If amend (attach aa	ling or adding additional Articles, enter of ditional sheets, if necessary). (Be specified)	(c)	· · · · · · · · · · · · · · · · · · ·
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The date of each amendment(s) adoption: JANUARY 1, 2010				
Effective date if applicable:	(date of adoption is required)			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)			
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were			
~				
Dated Jul	4 30,2010			
Signature	den Peterman			
have not	nairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)			
. —	Typed or printed name of person signing)			
	TREASURER (Title of person signing)			

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