## N08000009004

| (Requestor's Name)                      |   |
|---|---|
| (Address)                               |   |
| (Address)                               |   |
| (City/State/Zip/Phone #)                |   |
| , |   |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  |   |
|   |   |
| (Document Number)                       |   |
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| Certified Copies Certificates of Status | _ |
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TOTAL TOTAL

7879 NII 25 11 0:

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| SAFE PE' NAME OF CORPORATION:  | F RESCUE, INC                |   |  |            |
|--|------------------------------|---|--|------------|
| N0800009004<br>DOCUMENT NUMBER:  | ļ                            |   |  |            |
| The enclosed Articles of Amendment and (                                 | ee are submitted for filing. |   |  |            |
| Please return all correspondence concerning                              | g this matter to the followi | ng:   |  |            |
| KAREN BASHE  |                              |   |  |            |
|  | (Name of Conta               | act Person)   |  |            |
| SAFE PET RESCUE  |                              |   |  |            |
|  | (Firm/ Con                   | прапу)  |  |            |
| P.O. BOX 840215  |                              |   |  |            |
| **   | (Addre                       | ss)   |  |            |
| ST. AUGUSTINE, FL 32080  |                              |   |  | \$EC       |
|  | (City/ State and             | Zip Code)   |  | 70         |
| KBASHE67@GMAIL.COM   |                              |   |  |            |
| E-mail address:  | (to be used for future annu  | al report notificati                                      | ion)   | <u>.</u>   |
| For further information concerning this mat                              | ter, please catl:            |   |  | 7.00       |
| KAREN BASHE  |                              | 904<br>at   | 3155815  |            |
| (Name of Cont  | act Person)                  | (Area Code  | ) (Daytime Telephon  | ic Number) |
| Enclosed is a check for the following amou                               | nt made payable to the Flo   | orida Department o  | of State:  |            |
| ■ \$35 Filing Fee □\$43.75 Filing Certificate                            |                              | oy Cert<br>opy is Cert<br>(Ad-                            | .50 Filing Fee<br>dificate of Status<br>dified Copy<br>ditional Copy is<br>closed) |            |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 |                              | Street Address Amendment Se Division of Cor The Centre of | ction<br>potations   |            |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SAFE PET RESCUE, INC.

| Name of Corporation as currently filed with the Fl  | orida Dept. of State)                 |                         | -                                     |
|---|---------------------------------------|-------------------------|---------------------------------------|
| N08000009004  |                                       |                         |                                       |
| (Document   | Number of Corporation (if known)      | •                       | · · · · · · · · · · · · · · · · · · · |
| fursuant to the provisions of section 617.1006, Florida inendment(s) to its Articles of Incorporation:                              | Statutes, this Florida Not For Profit | Corporation adopts the  | ne following                          |
| If amending name, enter the new name of the co  | rporation:                            |                         |                                       |
|   |                                       |                         | The new                               |
| ame must be distinguishable and contain the word "c<br>Company" or "Co." may not be used in the name                                | orporation" or "incorporated" or the  | abbreviation "Corp.     |                                       |
|   |                                       |                         |                                       |
| <ul> <li>Enter new principal office address, if applicable</li> <li>Principal office address <u>MUST BE A STREET ADD</u></li> </ul> |                                       |                         |                                       |
|   |                                       |                         | <del></del>                           |
|   |                                       |                         |                                       |
| . Enter new mailing address, if applicable:   |                                       |                         |                                       |
| (Muiling address MAY BE A POST OFFICE BO.   | <u>X</u> )                            |                         |                                       |
|   |                                       |                         |                                       |
|   |                                       | -                       | <del>_</del>                          |
|   | -,,,,                                 |                         | 771                                   |
| . If amending the registered agent and/or register new registered agent and/or the new registered of                                |                                       | he name of the          | = 10                                  |
|   | onice address.                        |                         | الماس المسار                          |
| Name of New Registered Agent:   |                                       |                         | <del></del>                           |
|   | (Florida stre                         | at addmin l             |                                       |
| New Registered Office Address:  | (r tortuu sort                        | et anur 537             | . (                                   |
|   |                                       | , Florida               |                                       |
| <del></del>   | (City)                                | (Zip Code)              | <u> </u>                              |
| ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.                                 |                                       | gations of the position |                                       |
|   | Cionata a CM - Davis - La             | and the desired         |                                       |
|   | Signature of New Registered Ag        | ent, 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 = Frustee; 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 | PT         John De           Y         Mike Jo           SV         Sally Sr | ones                                  |  |
|----------------------------------|--|---------------------------------------|--|
| Type of Action (Check One)       | <u>Title</u>   | Name                                  | <u>Addres</u> s                          |
| 1) Change Add                    | <u>S</u>   | Peggy LaRoche                         | 67 Ocean Drive St. Augustine, FL 32080   |
| Remove                           |  |                                       |  |
| 2) Change Add                    | Other  | Donald Peterman                       | 124 Cedar Creek Rd.<br>Palatka, FL 32177 |
| Nemove                           |  |                                       |  |
| 4) Change Add                    | <del></del>  |                                       | 2003 JUL                                 |
| Remove 5) Change Add             |  |                                       |  |
| Remove  Change Add               |  |                                       |  |
| Remove E. If amending or adding  | ng additional Arti   | icles, enter change(s) here:          |  |
| (attach additional shee          |  |                                       |  |
|                                  |  |                                       |  |
|                                  |  |                                       |  |
|                                  |  | · · · · · · · · · · · · · · · · · · · |  |

was/were sufficient for approval.

Signature

(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)

Karen Bashe

(Typed or printed name of person signing)

(Title of person signing)