

1109000002633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

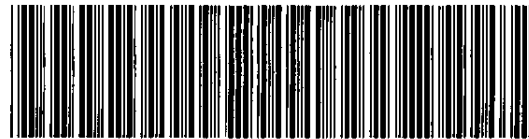
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/04/11--01014--015 **35.00.

2011 APR 14 AM 8:39
TALLAHASSEE, FL 32310
STATE OF FLORIDA
SECRETARY OF STATE

FILED

Amended
SQ
4/19/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Animal Adventures, Inc.

DOCUMENT NUMBER: N09000002633

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

Please return all correspondence concerning this matter to the following:

Sue Pearce

(Name of Contact Person)

Animal Adventures, Inc.

(Firm/ Company)

5001 SW Rucks Dairy Rd.

(Address)

Okeechobee, FL 34974

(City/ State and Zip Code)

animal.adventures@live.com

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

For further information concerning this matter, please call:

Sue Pearce

(Name of Contact Person)

at (863) 447-6050

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2011

SUE PEARCE
ANIMAL ADVENTURES, INC.
5001 SW RUCKS DAIRY ROAD
OKEECHOBEE, FL 34974

*Signed and returned
4-11-11*

SUBJECT: ANIMAL ADVENTURES, INC.
Ref. Number: N09000002633

We have received your document for ANIMAL ADVENTURES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

The attached form must be completed in order to file the document.

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) 245-1908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 811A00008356

RECEIVED
11 APR 14 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Animal Adventures, Inc.

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

NO9000002633

(Document Number of Corporation (if known))

FILED
2011 APR 14 AM 8:30
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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	Jodi Reynolds	30000 Gator Tail Trail Clewiston, FL 33440	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	Betty Jo Campbell	P.O. Box 2247 Okeechobee, FL 34973	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	Melissa Sherman	5200 SW 89th Ave. Cooper City, FL 33328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

[illegible]

The date of each amendment(s) adoption: March 24, 2011

(date of adoption is required)

Effective date if applicable: March 24, 2011

(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 March 24, 2011

Signature

Sue Pearce

(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)

Sue Pearce

(Typed or printed name of person signing)

Director-Registered Agent

(Title of person signing)