## N0900004612

(Requestor's Name)
(Address)
(Address)
(1331333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(500)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, mig cinosi

Office Use Only

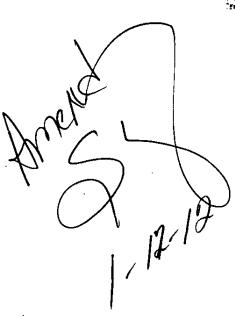


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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Witts End Fai	m Equine Rescue and Rehab Center, Inc			
	NO900004612				
	of Amendment and fee are s				
Please return all corre	spondence concerning this ma	atter to the following:			
	Cynthia D Bronsor	n-Glasheen			
	Name of Contact Person				
	Firm/ Company				
	3700 S Indiana Ave				
Address					
	St Cloud FL 34769	City/ State and Zip Code			
witts	send509@aol.com				
		eed for future annual report notification)			
For further information	concerning this matter, please ROMSON GIASHCE	at (830) 660-3323			
Kathleen k	wat	at (830) 660-3323			
Name o	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Department of State:			
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is Certified Copy			
	enclosed)	(Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Talishassee, Rt. 32301			

Artick	es of Amendment
Article	to s of Incorporation of Contex Inc
Witts End Farm Equine Rescue and Rehi	ab Center, Inc
(Name of Corporation as currently filed with the Flo NO9000004612	ride Dest. of State)
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	len:
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	The new tion" or "incorporated" or the abbreviation "Corp:" or "Inc."
B. Enter new principal office address, if applicable:	3700 S Indiana Ave
(Principal office address MUST BE A STREET ADDRESS)	ST Cloud FL 34769
C. Enter new mailing address. if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3441 Pilgrim Ct.
	3441 Pilgrim Ct. Kissimmee, FL 34744
D. If amending the resistered agent and/or resistered office new registered agent and/or the new registered office a	s address in Florida, onter the name of the ddress:
Name of New Registered Agent:	
New Registered Office Address:	(Florida stroet address)
Kissimm (ab)	Plorida 34744 (Zip Code)
New Resistered Agent's Simuture, if changing Resistered I hereby accept the appointment as registered agent. I am fai	

Page 1 of 4

Signature of New Registered Agent, if changing

HV. ZUVU

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>T</u>	Kathleen Kujat	7320 Crabgrass Rd St Cloud FL 34773
2) Change Add Remove	<u>Δ</u>	Michelle Martiniz	11111 Tindal Rd Orlando FL 32832
Change Add Ramove			
4) Change Add Remove	****		
5)Change Add Remove			
6)Change Add Remove		<u> </u>	

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

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes
within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section
of any future federal tax code, or shall be distributed to the federal government, or to a state
or local government, for a public purpose. Any such assets not disposed of shall be disposed of
by a Court of Competent Jurisdiction of the county in which the principal offices of the organization
is then located, exclusively for such purposes or to such organization or organization, as said
Court shall determine, which are organized and operated exclusively for such purposes.
•

The date of each amendment(s) adoption: 12/30/2011					
Effective date if applicable:					
	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were ad was/were sufficient for approve	lopted by the members and the number of votes cast for the amendment(s) al.				
There are no members of membadopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.				
Dated OI-	thia D. Bronson - Glasheen				
(By the chair have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)				
Cynthia D 8	Bronson-Glasheen				
	(Typed or printed name of person signing)				
President					
	(This of names simple)				