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SECRETARY OF STATE
TALLAHASSEE, FLORID

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Ethical Bull Breed Rescue 3 Referral of Fl. Inc.
DOCUMENT NUMBER: <u>NO9000000</u> 39
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melody R. Queos Name of Contact Person
Ethical Bully Breed Rescue, Inc.
7691 Cakmont DRIVE
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melody R. Owens at (501) 373-3882  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 Set I \$43.75 Filing Fee & Status Set I
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

Ethical Bull Bro	00 Rescue 3Ra	eferral c	FFL. Ir	٦C.
(Name of Corporation as curre	ntly filed with the Florida Dep	t. of State)		
NYODDDD (0030	)	1		
(Document Num	ber of Corporation (if known)			
·	•			
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Florida</i>	Profit Corporation	n adopts the fol	lowing
A. If amending name, enter the new name of	the corporation:			
Ethical Bully Bree	od Rescue Inc.		The new	ı
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc," or	"Co". A profession	oorated" or the	!
• •			72 E	C 975 2 119
B. Enter new principal office address, if appl		1	= =	- 6 E
(Principal office address <u>MUST BE A STREE</u> )	( ADDKESS )		五五	No. of Concession,
			SE SE	TT
	<del></del>	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			T: OI	
		,		
•	<u></u>		<del></del>	
		· <del></del>		
D. If amending the registered agent and/or re	egistered office address in Flor	ida, enter the nam	e of the	
new registered agent and/or the new regis			***************************************	
Name of New Registered Agent:		i		
Nume of New Registered Agent.		1		
· •		1 2		
New Registered Office Address:	(Floridā street addres)	s)		
		Florida		
-	(City)	, Florida_ (Zip Code)		
·	•			
New Registered Agent's Signature, if changin	g Registered Agent:		C.1	
I hereby accept the appointment as registered as	zeni i am jamiliar with and acc	cept the obligations	of the position.	
		·		
Si	gnature of New Registered Agen	nt, if changing		
		•		

## (Attach additional sheets, if necessary) **Title** Name Address **Type of Action** Remove NP SW MOHONTER & Add Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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:

The date of each amendment(	(s) adoption:U\	1 1,2010		
Effective date <u>if applicable</u> :		e of adoption is req	uired)	· ·
<del></del>	(no more than 90 days	after amendment fi	le date)	1
·			• ,	
Adoption of Amendment(s)	(CHECK (	ONE)		•
The amendment(s) was/wer by the shareholders was/we			er of votes ca	ast for the amendment(s
The amendment(s) was/wer must be separately provided	• • •	_		ν
"The number of votes of	east for the amendment(s	s) was/were sufficion	ent for appro	oval
by			**	
,	(voting group)			ı
The amendment(s) was/wer action was not required.	e adopted by the incorpo	orators without sha	reholder act	ion and shareholder
Dated	1/2010			·
Signature <u></u>	Melodey of	3. Olen	0	
selec	a director, president or or corted, by an incorporator pointed fiduciary by that to	- if in the hands of		
	Melody	R. Quen:	5	
	(Typed or p	printed name of per	son signing	)
	Presider (Title of persor	n signing)		<del></del>