# N09000006276

| (Requestor's Name)                      |        |
|---|--------|
| (Address)                               |        |
| (Address)                               |        |
| (City/State/Zip/Phone #)                |        |
| PICK-UP WAIT                            | MAIL   |
| (Business Entity Name)                  | : :    |
| (Document Number)                       | ;      |
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2009 AUG 31 AM 10: 58
SECRETARY OF STATE
ALLAHASSEE, FI ORIO.

Amend

**SEP** - 1 2009

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO          | RATION: Ponce Animal             | Welfare Inc.                             |  |
|------------------------|----------------------------------|--|--|
| DOCUMENT NUM           | BER: N0900006276                 |  |  |
| The enclosed Article   | s of Amendment and fee are sub   | omitted for filing.                      |  |
| Please return all corr | espondence concerning this mat   | ter to the following:                    |  |
| or many residents      | <del></del>                      | llen Basile                              | i <del>irron aan de geleer en ma</del>             |
|                        | (Name of                         | Contact Person)                          |  |
|                        | Preside                          | ent, PAW, Inc.                           |  |
|                        | (Firm                            | n/ Company)                              |  |
|                        | 4740 S. A                        | Atlantic Ave., #3                        |  |
| ····                   | . (,                             | Address)                                 |  |
|                        | Pone                             | ce Inlet, FL 32/27                       |  |
| <del></del>            | (City/ Sta                       | te and Zip Code)                         | <del></del>  |
|                        |                                  | @earthlink.net                           |  |
|                        | E-mail address: (to be use       | ed for future annual report notific      | ation)   |
| For further informati  | on concerning this matter, pleas | e call:                                  |  |
| JoEllenBasile          |                                  | at ( 386 ) 316-299                       | 91   |
| (Name                  | of Contact Person)               |  | me Telephone Number)                               |
| Enclosed is a check t  | or the following amount made p   | payable to the Florida Departmen         | nt of State:                                       |
|                        | ☐ \$43.75 Filing Fee &           | ☐ \$43.75 Filing Fee &                   | ☐ \$52.50 Filing Fee                               |
| chk#INI                | Certificate of Status            | Certified Copy                           | Certificate of Status                              |
| Chk#1011<br>enclosed   | :                                | (Additional copy is enclosed)            | Certified Copy<br>(Additional Copy<br>is enclosed) |
|                        | ing Address                      | Street Address                           | 10 011010000                                       |
|                        | ndment Section                   | Amendment Section                        |  |
|                        | sion of Corporations             | Division of Corporati                    | ons  |
|                        | Box 6327<br>hassee, FL 32314     | Clifton Building<br>2661 Executive Cente | er Circle  |

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

| 20                   | 109 AUG | <u> </u> | ED          |
|----------------------|---------|----------|-------------|
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| TALLA<br>L of State) | 15.56   | E, FLOR  | ATE<br>VOA  |

## Ponce Animal Welfare Inc.

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

#### N09000006276

(Document Number of Corporation (if known)

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:

| E BOX)  |  |
|---|--|
| E BOX)  |  |
|   |  |
| ristered office address in Florida, o<br>ered office address: | enter the name of th                           |
| (Florida street address)                                      |  |
| (City)  | , Florida<br>(Zip Code)                        |
|   | ered office address:  (Florida street address) |

# 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>     | Name   | <u>Address</u>                            | Type of Action                        |
|------------------|--|---|---------------------------------------|
| S/T              | Ann Caneer   | 4928 S. Peninsula Dr.                     | Add                                   |
| <del></del>      |  | Ponce Inlet, FL 32127                     | ☑ Remove                              |
|                  |  | · · · · · · · · · · · · · · · · · · ·     | <del>-</del>                          |
| S/T              | Bob Mearns   | 4650 Links Village Dr. #C107              | ☑ Add                                 |
|                  |  | Ponce Inlet, FL 32127                     | _ □ Remove                            |
|                  |  | FUILE IIIII, FI. JEIZ                     | remove                                |
| VP               | Alan Padinger  |   |                                       |
| <u> </u>         | Alan Redinger  | 139 Anchor Dr.                            | _                                     |
|                  |  | Ponce Inlet, FL 32127                     | _ L Kentove                           |
| E. <u>If ame</u> | nding or adding additional Article additional sheets, if necessary). ( | es, enter change(s) here:<br>Be specific) |                                       |
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|                  |  |   |                                       |

| The date of each amendment                          | t(s) adoption: August 26, 2009  |
|---|---|
| Effective date <u>if applicable</u> :               | (date of adoption is required)  August 26, 2009  (no more than 90 days after amendment file date)   |
|   | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                            | (CHECK ONE)   |
| The amendment(s) was/we was/were sufficient for app | re adopted by the members and the number of votes cast for the amendment(s) roval.  |
| There are no members or adopted by the board of di  | members entitled to vote on the amendment(s). The amendment(s) was/were rectors.  |
| Dated_Aug   | ust 26, 2009  |
| Signature   | Baseli  |
| hav   | the chair nan or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
|   | JoEllen Basile  |
|   | (Typed or printed name of person signing)   |
|   | President   |
|   | (Title of person signing)   |

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