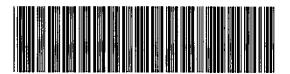
# NIDDDDDDD 668

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Special Instructions to	Filing Officer:	

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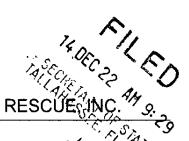
12/23/14 (RM 12/3/14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations			
NAME OF CORPORATION:	TY OF CENTRAL FLO	ORIDA PET RESCUE, INC.	
DOCUMENT NUMBER: N10000000	668	ORIDA PET RESCUE, INC.	S. S. C
The enclosed Articles of Amendment and fee are subm	nitted for filing.		(A)
Please return all correspondence concerning this matter	r to the following:		Opt of
TAMMY YOUNG			7
	(Name of Contact Perso	n)	_
TAMARA S YOUNG EA., TAX & AG	CCOUNTING S	VCS., LLC	
	(Firm/ Company)		_
7888 W DUNNELLON R	D		
	(Address)		_
DUNNELLON, FL 34433			
(	(City/ State and Zip Cod	e)	-
tyoungea@embar			
E-mail address: (to be used	for future annual report	notification)	
For further information concerning this matter, please of	call:		
Tammy Young	<sub>at (</sub> 352	,795-2496	
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)	<del>-</del> .
Enclosed is a check for the following amount made pay	yable to the Florida Depa	artment of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & I 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	Ameno Divisio Cliftor 2661 E	Address  Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation



# A HUMANE SOCIETY OF CENTRAL FLORIDA PET RESCU

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

N000000668

N10000000668

(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:

and must be distinguishable and a state the	10	Th
ame must be distinguishable and contain the <u>Company" or "Co." may not be used in the</u> t		poratea or the appreviation Corp. or
<ol> <li>Enter new principal office address, if apprincipal office address MUST BE A STREE</li> </ol>		<del></del>
mequi ogjice udaress <u>moor be a gradi</u>		
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Enter new mailing address, if applicable	<u>e:</u>	
(Mailing address MAY BE A POST OFF)	ICE BOX)	· · · · · · · · · · · · · · · · · · ·
	. <del></del>	48 (
If amonding the registered agent and/or	vagistavad affice address in E	louide autouthe nome of the
		lorida, enter the name of the
. If amending the registered agent and/or new registered agent and/or the new reg		lorida, enter the name of the
new registered agent and/or the new reg	istered office address:	
new registered agent and/or the new reg  Name of New Registered Agent:	istered office address:	
new registered agent and/or the new reg	ristered office address:	
new registered agent and/or the new reg	ristered office address:	
new registered agent and/or the new reg  Name of New Registered Agent:	ristered office address:	ress)
new registered agent and/or the new reg  Name of New Registered Agent:  New Registered Office Address:	istered office address:  (Florida street add  (City)	ress) , Florida
new registered agent and/or the new reg  Name of New Registered Agent:  New Registered Office Address:  Lew Registered Agent's Signature, if change	(City) ing Registered Agent:	ress) , Florida (Zip Code)
new registered agent and/or the new reg  Name of New Registered Agent:  New Registered Office Address:	(City) ing Registered Agent:	ress) , Florida (Zip Code)

Page 1 of 4

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	<u>T D</u>	KAREN LOOSE	6501 E. ZERO LANE
X Remove			INVERNESS, FL 34453
2) Change Add	<u>T D</u>	JACKIE HEADLEE	1794 N. WARKER TER HERNANDO, FL 344
Remove			
3) Change Add			
Remove			
4) Change	<del></del>		
Add			
5) Change	·		
Add			
Remove			
6) Change	<del></del>		
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amending or adding additional Art tach additional sheets, if necessary).	(Be specific)			
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ľh€	e date of each amendment(s) adoption:		, if other than the
late	e this document was signed.	• • •	
Effe	ective date <u>if applicable</u> :		
	(ne	o more than 90 days after amendment file date)	
Ado	option of Amendment(s)	CHECK ONE)	
	The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	)
ΖÚ	There are no members or members entitl adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were	
	Dated NOVEME	BER 15, 2014	
	Signature . (By the chairman or vi	rice chairman of the board, president or other officer-if directors	<del></del>
	have not been selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
	DONNA I	E. SCOTT	
	(Typed o	or printed name of person signing)	<del>- j</del> -
	<u> </u>	UTIVE DIRECTOR/PRESIDEN	1
	,	(Title of person signing)	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2014

TAMMY YOUNG TAMARA S YOUNG EA., TAX & ACCOUNTING 7888 W DUNNELLON RD DUNNELLON, FL 34433

Ref. Number: N000000668

We have received your document 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 914A00025414